

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90035 039 ***150.00

DOCUMENT # 017109

1. Entity Name
THE CORPORATION COMPANY

Principal Place of Business
**1200 S. PINE ISLAND RD.
 PLANTATION FL 33324
 US**

Mailing Address
**161 N. CLARK ST.
 SUITE 4800
 CHICAGO IL 60601-3213**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **51-0099484** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME VAN WEL, PETER	
STREET ADDRESS 161 N. CLARK ST. 48TH FLOOR	
CITY-ST-ZIP CHICAGO IL 60601	
TITLE VSTD	<input type="checkbox"/> Delete
NAME LENZ, BRUCE C	
STREET ADDRESS 161 N. CLARK ST. 48TH FLOOR	
CITY-ST-ZIP CHICAGO IL 60601	
TITLE VP	<input type="checkbox"/> Delete
NAME CARTWRIGHT, CHRISTOPHER	
STREET ADDRESS 1633 BROADWAY	
CITY-ST-ZIP NEW YORK NY 10019	
TITLE P	<input checked="" type="checkbox"/> Delete
NAME MCKINSTRY, NANCY	
STREET ADDRESS 1633 BROADWAY	
CITY-ST-ZIP NEW YORK NY 10019	
TITLE AS	<input type="checkbox"/> Delete
NAME GORDON, DALE C	
STREET ADDRESS 161 N CLARK ST, STE 4800	
CITY-ST-ZIP CHICAGO IL 60601	
TITLE AT	<input type="checkbox"/> Delete
NAME HEALY, PETER F	
STREET ADDRESS 161 N CLARK ST, STE 4800	
CITY-ST-ZIP CHICAGO IL 60601	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Hugh J. Yarrington	
STREET ADDRESS 161 N. Clark St.	
CITY-ST-ZIP Chicago Ill. 60601	
TITLE AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Ken Uva	
STREET ADDRESS 111 8th Ave	
CITY-ST-ZIP NY NY 10011	
TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Christopher Cartwright	
STREET ADDRESS 111 8th Ave	
CITY-ST-ZIP NY NY 10011	
TITLE AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Ann Boutlier	
STREET ADDRESS 1200 S Pine Island Rd	
CITY-ST-ZIP Plantation, FL 33324	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: **4/20/00** DAYTIME PHONE #: **312-725-7040**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)