

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90798 016 ***150.00

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DOCUMENT # F93000000109
 1. Entity Name: **TR AVENUES CORP**

Principal Place of Business: **541 N FAIRBANKS CT STE 1800 CHICAGO IL 60611 US**
 Mailing Address: **541 N FAIRBANKS CT STE 1800 CHICAGO IL 60611 US**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State
 Zip: Country



DO NOT WRITE IN THIS SPACE

4. FEI Number: **36-3908645** Applied For: Not Applicable:
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: **BEYER, DAVID A PIPER MARBURY RUDNICK & WOLFE 101 EAST KENNEDY BOULEVARD, SUITE 2000 TAMPA FL 33602**
 7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (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: _____ (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00 After May 1, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PT <input checked="" type="checkbox"/> Delete	NAME: SCHWARTZ, ROBERT	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 541 N FAIRBANKS CT STE 1800	CITY-ST-ZIP: CHICAGO IL	NAME: PST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VS <input type="checkbox"/> Delete	NAME: KIRINCICH, MARK	STREET ADDRESS: 541 N FAIRBANKS CT STE 1800	CITY-ST-ZIP: CHICAGO IL
TITLE: VAS <input type="checkbox"/> Delete	NAME: AULT, DANIEL B	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 541 N FAIRBANKS CT STE 1800	CITY-ST-ZIP: CHICAGO IL	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: <input type="checkbox"/> Delete	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Mark Kirincich Date: 3/14/02 Daytime Phone #: 312/464-0136

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