


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Page 1 of 2

UBR 2806 AV

DOCUMENT # F93000000109

1. Entity Name
TR AVENUES CORP.



FILED

03 MAR 18 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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
20 South Clark Street
Suite, Apt. #, etc.
Suite 3000
City & State
Chicago, IL

3. Mailing Address
20 South Clark Street
Suite, Apt. #, etc.
Suite 3000
City & State
Chicago, IL

4. FEI Number **36-3908645** Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip **60603** Country **USA**

Zip **60603** Country **USA**

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 **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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SCHWARTZ, ROBERT 541 N FAIRBANKS CT STE 1800 CHICAGO IL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST KIRINCICH, MARK 541 N FAIRBANKS CT STE 1800 CHICAGO IL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS AULT, DANIEL B 541 N FAIRBANKS CT STE 1800 CHICAGO IL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	900014321799	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	20 South Clark Street, Suite 3000 Chicago, IL 60603	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	20 South Clark Street, Suite 3000 Chicago, IL 60603	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mark Kirincich* **2/25/03** **312/629-0136**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)



CORPORATION SERVICE COMPANY™

Patricia

ACCOUNT NO. : 072100000032
REFERENCE : 955338 4327236
AUTHORIZATION : *Patricia Pyatt*
COST LIMIT : \$ 150.00

ORDER DATE : March 5, 2003
ORDER TIME : 11:26 AM
ORDER NO. : 955338-005
CUSTOMER NO: 4327236
CUSTOMER: Ms. Kathleen Chyna
Gardner Carton & Douglas
Suite 3700
191 North Wacker Drive
Chicago, IL 60606-1698

ANNUAL REPORT FILING

NAME: TR AVENUES CORP.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext. 1156

EXAMINER'S INITIALS: _____

RECEIVED
03 MAR 18 PM 12:56
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA