

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90019 009 \*\*\*150.00

0604239

**DOCUMENT # F94000000996**

1. Entity Name  
**SPECIALTY MEAT GROUP, INC.**

Principal Place of Business <b>2890 CHANCELLOR DR.          SUITE 210          CRESTVIEW HILLS KY 41017-3451</b>	Mailing Address <b>2890 CHANCELLOR DR.          SUITE 210          CRESTVIEW HILLS KY 41017-3451</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>95-4460342</b>	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 SOUTH 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 <b>FL</b> 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) DATE \_\_\_\_\_

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO MCCLOSKEY, JOSEPH 1024 STREAM RDIGE CINCINNATI OH 45255</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V POULIOT, RUSSELL 4 MOSEY DRIVE BLOOMFIELD CT 06002</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST COX, WILLIAM P 2890 CHANCELLON DR STE 210 CRESTVIEW HILLS KY 41017-3451</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CHAVKIN, ARNOLD C/O CHEMICAL VTR PTRS/270 PARK AVE, 5TH FL NEW YORK NY 10017</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPCF COX, WILLIAM P 2890 CHANCELLOR DR. CRESTVIEW HILLS KY</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <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	<b>V</b> <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	<b>PCEO/S Thomas D. Davis 2413 Pates Creek Williamsburg, VA 23185</b> <input type="checkbox"/> Change <input checked="" 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: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/01 859-344-3900  
 Date Daytime Phone #

CR2E034 (10/00)


Attachment  
D#F94000000996  
A0008543

Specialty Meat Group, Inc.  
Document #F94000000996

Item #11

Addition:

Title	Name	Number & Street	City	State	Zip
Vice President	Ronald D. Wray	190 S. LaSalle, Suite 2830	Chicago	IL	60603
Assistant Secretary	Jason Duzan	190 S. LaSalle, Suite 2830	Chicago	IL	60603
Director	Thomas D. Davis	2413 Pates Creek	Williamsburg	VA	23185
Director	David S. Evans	190 S. LaSalle, Suite 2830	Chicago	IL	60603

By:  VP/CFO 1/10/2001