

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90079 022 \*\*\*150.00

FORM 9999 AT

**DOCUMENT # F94000001486**

1. Entity Name  
**THE AUTO CONDUIT CORPORATION** ✓

Principal Place of Business Mailing Address

**123 NORTH WACKER DR.** **P.O. BOX 8264**  
**26TH FLOOR** **CHICAGO IL 60680**  
**CHICAGO IL 60606** **US**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

**200 E. RANDOLPH DR.** Suite, Apt. #, etc.  
**TAX DEPT, 4TH FL.** Suite, Apt. #, etc.  
**CHICAGO, IL** City & State  
**60601** Zip **USA** Country

4. FEI Number **36-3852675** Applied For  
 Not Applicable

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

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 **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) 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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COLE, DAVID L</b> <b>123 NORTH WACKER DR.</b> <b>CHICAGO IL 60680</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MEDVIN, HARVEY N</b> <b>123 NORTH WACKER DR.</b> <b>CHICAGO IL 60606</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KAUFFMANN, WELZ</b> <b>123 NORTH WACKER DR.</b> <b>CHICAGO IL 60680</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>SPARER, WILLIAM J</b> <b>123 NORTH WACKER DR.</b> <b>CHICAGO IL 60606</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>AIGOTTI, DIANE</b> <b>123 NORTH WACKER DR.</b> <b>CHICAGO IL 60680</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BAER, JEROME I</b> <b>123 NORTH WACKER DR.</b> <b>CHICAGO IL</b> <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COLE, DAVID L.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>200 E. Randolph Dr., Chicago, IL 60601</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MEDVIN, HARVEY N.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>200 E. Randolph Dr., Chicago, IL 60601</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KAUFFMANN, WELZ</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>200 E. Randolph Dr., Chicago, IL 60601</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>SPARER, WILLIAM J.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>200 E. Randolph Dr., Chicago, IL 60601</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>AIGOTTI, DIANE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>200 E. Randolph Dr., Chicago, IL 60601</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BAER, JEROME I</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>200 E. Randolph Dr., Chicago, IL 60601</b>

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 REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/22/02** Daytime Phone # **312-381-3273**

CR2E034 (9/01)