

# 2000 UNIFORM BUSINESS REPORT (UBR)

0085480

DOCUMENT # F96000003909

1. Entity Name

HULL HOUSE ASSOCIATION, CORP.

FILED

00 FEB 24 PM 2: 05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
10 S. RIVERSIDE PLAZA  
SUITE 1700  
CHICAGO IL 60606

Mailing Address  
10 S. RIVERSIDE PLAZA  
SUITE 1700  
CHICAGO IL 60606-3801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-2170135

Applied For

Not Applicable

Zip -

Country

Zip -

Country

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME JOHNSON, GORDON  
STREET ADDRESS 10 S. RIVERSIDE PLAZA  
CITY-ST-ZIP CHICAGO IL 60606

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 500003155685--0  
CITY-ST-ZIP -03/03/00--01005--015  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

TITLE EVCT ☐ Delete  
NAME SMITH, LOUISE K  
STREET ADDRESS 70 E. CEDAR ST.  
CITY-ST-ZIP CHICAGO IL 60611

TITLE CT ☐ Change ☐ Addition  
NAME Smith, Louise K  
STREET ADDRESS 70 E. Cedar St.  
CITY-ST-ZIP Chicago, IL 60611

TITLE T ☐ Delete  
NAME DENISON, THOMAS C  
STREET ADDRESS 231 S LA SALLE STREET  
CITY-ST-ZIP CHICAGO IL 60697

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ST ☒ Delete  
NAME BEGGEROW, KATHY C  
STREET ADDRESS 1111 W CHICAGO AVENUE  
CITY-ST-ZIP HINSDALE IL 60521

TITLE EVCT ☐ Change ☒ Addition  
NAME Engle, Philip L.  
STREET ADDRESS 10 E. Schiller Street  
CITY-ST-ZIP Chicago, IL 60610

TITLE CT ☒ Delete  
NAME RILEY, RICHARD A  
STREET ADDRESS 123 N. WACKER DRIVE  
CITY-ST-ZIP CHICAGO IL 60606

TITLE ST ☐ Change ☒ Addition  
NAME Washington, Gary  
STREET ADDRESS 135 S. LaSalle Street, Suite 925  
CITY-ST-ZIP Chicago, IL 60603

TITLE VD ☐ Delete  
NAME LAWRENCE, CHERYL  
STREET ADDRESS 10 S RIVERSIDE PLAZA  
CITY-ST-ZIP CHICAGO IL 60606

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ 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 617, 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:

SIGNATURE REQUIRED

Gordon Johnson, President

2/15/00

312-906-8600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)