

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000004198

1. Entity Name
MIDAS INTERNATIONAL CORPORATION

Principal Place of Business
225 N MICHIGAN AVE-TAX DEPT 11TH FLR
CHICAGO IL 60601

Mailing Address
225 N MICHIGAN AVE-TAX DEPT 11TH FLR
CHICAGO IL 60601

2. Principal Place of Business
1300 Arlington Heights Rd

3. Mailing Address
1300 Arlington Heights Road

Suite, Apt. #, etc.

City & State
Itasca, Illinois

Zip
60143

Country

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

REINSTATEMENT 00-01

4. FEI Number **36-1265336**

Applied for
Not Applicable

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

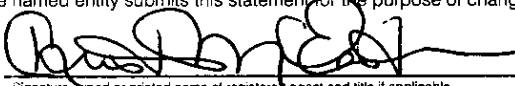
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Applicable)
300004316099-4

City-State-Zip
05/24/01 01097-017
*****900.00 ***300.00**
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.

Christine M. Eastwine
Assistant Secretary

DATE **5/4/01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!
After SEPTEMBER 1, 2000 Min. will be \$750.00
Make Check Payable to Department of State

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

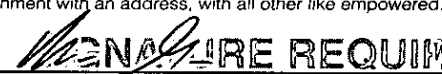
11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP PROVINCE, WENDEL H 225 N MICHIGAN AVE CHICAGO IL 60601	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT PAPPAS, CHRISTIAN C 225 N MICHIGAN AVE CHICAGO IL 60601	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BARCLAY, R LEE 225 N MICHIGAN AVE CHICAGO IL 60601	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SORENSEN, ROBERT H 225 N MICHIGAN AVE CHICAGO IL 60601	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1300 Arlington Heights Road Itasca, IL 60143	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1300 Arlington Heights Road Itasca, IL 60143	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1300 Arlington Heights Road Itasca, IL 60143	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1300 Arlington Heights Road Itasca, IL 60143	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 no 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:  **WILLIAM GUZIK**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/16/01** DAYTIME PHONE # **630/438/3000**

CR2E034 (5/00)