2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000004198

1. Entity Name

MIDAS INTERNATIONAL CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAY -8 PM 4:49

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

2. Principal Place of Business	3. Mailing Address
1300 Arlington Heights Rd	1300 Arlington Heights Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Itasca, Illinois	City & State: Itasca, Illinois
Zip: 60143 Country:	Zip: 60143 Country:

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 00-01

4. FEI Number 36-1265336 ☐ Applied For ☐ Not Applicable

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
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) 300001316093--4 -05/24/01--01097--017 ****900.00 ****300.00 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 _____ Christine M. Eastwine Assistant Secretary 5/4/01
Signature, typed or printed name of registered agent and title if applicable. (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 $550.00** **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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	☐ Change ☐ Addition 1300 Arlington Heights Road Itasca, IL 60143
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	☐ Change ☐ Addition 1300 Arlington Heights Road Itasca, IL 60143
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	☐ Change ☐ Addition 1300 Arlington Heights Road Itasca, IL 60143
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	☐ Change ☐ Addition 1300 Arlington Heights Road Itasca, IL 60143
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (5/00)

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 William Guzik 4/16/01 630/438/3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #