

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State
 05-18-2000 90303 012 ***158.75

DOCUMENT # F97000000966

1. Entity Name
SLC NEWPORT, INC.

Principal Place of Business 111 E. WACKER DR. SUITE 2400 CHICAGO IL 60601	Mailing Address 111 E. WACKER DR. SUITE 2400 CHICAGO IL 60601-4200
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4120851		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	SDC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, WILLIAM B	NAME	
STREET ADDRESS	111 W. WACKER DR., SUITE 2400	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60601	CITY-ST-ZIP	
TITLE	PTSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLUTZNICK, JAMES B	NAME	
STREET ADDRESS	111 W. WACKER DR., SUITE 2400	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60601	CITY-ST-ZIP	
TITLE	VAS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, STEPHEN J	NAME	
STREET ADDRESS	111 E. WACKER DR., SUITE 2400	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60601	CITY-ST-ZIP	
TITLE	CFO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG, DANIEL M	NAME	
STREET ADDRESS	5327 N. SHERIDAN RD., #100	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60640	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVA, MARIA	NAME	
STREET ADDRESS	111 E. WACKER DR., SUITE 2400	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60601	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRUMM, JERROLD H	NAME	
STREET ADDRESS	111 E. WACKER DR., SUITE 2400	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60601	CITY-ST-ZIP	

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: Stephen J. Levy **Stephen J. Levy** 4/26/00 (312)673-4333
 SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)