

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90059 044 \*\*\*150.00

**DOCUMENT # F97000001350**

1. Entity Name  
**PRO FUND OF ILLINOIS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 10 SOUTH LA SALLE ST., STE. 3300 CHICAGO IL 60603-1002	Mailing Address 10 SOUTH LA SALLE ST., STE. 3300 C/O GEORGE HAMMAN CHICAGO IL 60603-1024 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>36-3466822</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GUSTAFSON, JOEL K ESQ.**  
**1 E. BROWARD BLVD., #1300**  
**FT. LAUDERDALE FL 33301**

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

TITLE	<b>CPT</b>	<input type="checkbox"/> Delete
NAME	<b>MARKOFF, MICKEY</b>	
STREET ADDRESS	<b>200 E. BROWARD BLVD. #1135</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33301</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>HAMMAN, GEORGE</b>	
STREET ADDRESS	<b>10 SOUTH LA SALLE, STE. 3300</b>	
CITY-ST-ZIP	<b>CHICAGO IL 60603-1002</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:** \_\_\_\_\_ Date **3/1/00** Daytime Phone # **954-467-3555**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)