

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90063 028 ***150.00

DOCUMENT # F97000003404

1. Entity Name

WEST HUDSON, INC.

Principal Place of Business

Mailing Address

5420 LBJ FREEWAY
 SUITE 1355
 DALLAS TX 60085
 US

1430 WAUKEGAN RD.
 MCGAW PARK IL 60085-6726

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

75-2681942

Applied For

Not Applied For

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)

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

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 Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE	PD	<input type="checkbox"/> Delete
NAME	FRANK, WM DOUGLAS	
STREET ADDRESS	5420 LBJ FREEWAY STE 1355	
CITY-ST-ZIP	DALLAS TX 75240	
TITLE	CEOD	<input type="checkbox"/> Delete
NAME	KNIGHT, LESTER B	
STREET ADDRESS	1430 WAUKEGAN RD.	
CITY-ST-ZIP	MCGAW PARK IL 60085	
TITLE	COOD	<input type="checkbox"/> Delete
NAME	DAMICO, JOSEPH F.	
STREET ADDRESS	1430 WAUKEGAN RD.	
CITY-ST-ZIP	MCGAW PARK IL 60085	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	MCKEE, PETER B	
STREET ADDRESS	1430 WAUKEGAN RD.	
CITY-ST-ZIP	MCGAW PARK IL 60085	
TITLE	SVC	<input type="checkbox"/> Delete
NAME	WHITE, KATHY B	
STREET ADDRESS	1430 WAUKEGAN RD.	
CITY-ST-ZIP	MCGAW PARK IL 60085	
TITLE	SVGS	<input type="checkbox"/> Delete
NAME	FEATHER, WILLIAM L	
STREET ADDRESS	1430 WAUKEGAN RD.	
CITY-ST-ZIP	MCGAW PARK IL 60085	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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 12, as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William L. Feather
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #