

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90126 043 ***150.00

DOCUMENT # H83455

1. Entity Name
HPBM, INC.

Principal Place of Business 200 S. ANDREWS AVE. 6TH FLOOR FT. LAUDERDALE FL 33301	Mailing Address % CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324-4413
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60017508



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address John H. Muehlstein
Suite, Apt. #, etc.	Suite, Apt. #, etc. 161 N. Clark, Suite 3100

City & State	City & State Chicago, IL
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4. FEI Number 36-3393673	Applied For <input type="checkbox"/> Not Applicable
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Zip 60601-3224	Country Cook
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUEHLSTEIN, JOHN H.	NAME	
STREET ADDRESS	161 N. CLARK ST., STE. 3100	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEDERSEN, PEER	NAME	
STREET ADDRESS	161 NORTH CLARK ST., STE. 3100	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELK, J.	NAME	
STREET ADDRESS	950 N MICHIGAN \$4106	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUNTROCK, DEAN	NAME	
STREET ADDRESS	3003 BUTTERFIELD RD.	STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK IL	CITY-ST-ZIP	
TITLE	PTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCHON, RICHARD	NAME	
STREET ADDRESS	450 E. LAS OLAS BLVD., #1500	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	CITY-ST-ZIP	
TITLE	PTD <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANDLEY, RICHARD L	NAME	Vice President - V
STREET ADDRESS	450 E. LAS OLAS BLVD., #1500	STREET ADDRESS	HANDLEY, RICHARD L.
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	CITY-ST-ZIP	450 E. LAS OLAS BLVD., #1500
			FT. LAUDERDALE, FL 33301

CR2E034 (9/99)

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: John H. Muehlstein **John H. Muehlstein, Secretary** 2/1/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/No Phone #