

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90032 021 \*\*\*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  
**JOHN H MUEHLSTEIN  
 161 N CLARK SUITE 3100  
 CHICAGO IL 60601**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-3993673**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

**CT CORPORATION SYSTEM  
 1200 S. 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, 2001 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	<b>S</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MUEHLSTEIN, JOHN H.</b>	NAME	
STREET ADDRESS	<b>161 N. CLARK ST., STE. 3100</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEDERSEN, PEER</b>	NAME	
STREET ADDRESS	<b>161 NORTH CLARK ST., STE. 3100</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MELK, J.</b>	NAME	
STREET ADDRESS	<b>950 N MICHIGAN \$4106</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUNTROCK, DEAN</b>	NAME	
STREET ADDRESS	<b>3003 BUTTERFIELD RD.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>OAK BROOK IL</b>	CITY-ST-ZIP	
TITLE	<b>PTD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROCHON, RICHARD</b>	NAME	
STREET ADDRESS	<b>450 E. LAS OLAS BLVD., #1500</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33301</b>	CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HANDLEY, RICHARD L</b>	NAME	
STREET ADDRESS	<b>450 E. LAS OLAS BLVD., #1500</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33301</b>	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:**

*John H. Muehlstein*

**John H. Muehlstein**

**1/22/01**

**312-261-2112**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)