


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2003 8:00 am**  
**Secretary of State**

02-25-2003 90142 036 \*\*\*150.00

**DOCUMENT # H83455**

1. Entity Name  
**HPBM, INC.**



Principal Place of Business  
**450 LAS OLAS BLVD  
STE 1500  
FT. LAUDERDALE FL 33301**

Mailing Address  
**JOHN H MUEHLSTEIN  
161 N CLARK SUITE 3100  
CHICAGO IL 60601**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **36-3393673**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees


10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>MUEHLSTEIN, JOHN H.</b>	
STREET ADDRESS	<b>161 N. CLARK ST., STE. 3100</b>	
CITY-ST-ZIP	<b>CHICAGO IL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PEDERSEN, PEER</b>	
STREET ADDRESS	<b>161 NORTH CLARK ST., STE. 3100</b>	
CITY-ST-ZIP	<b>CHICAGO IL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BUNTROCK, DEAN</b>	
STREET ADDRESS	<b>ONE TOWER LANE STE 2242</b>	
CITY-ST-ZIP	<b>OAK BROOK IL 60181-4636</b>	
TITLE	<b>PTD</b>	<input type="checkbox"/> Delete
NAME	<b>ROCHON, RICHARD</b>	
STREET ADDRESS	<b>450 E. LAS OLAS BLVD., #1500</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33301</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>HANDLEY, RICHARD L</b>	
STREET ADDRESS	<b>450 E. LAS OLAS BLVD., #1500</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33301</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2/17/03** Daytime Phone #: **312-262-2112**

CR2E034 (10/02)