

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # M00000000146

1. Entity Name
PLATO FOUFAS & CO., L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR 19 AM 10:24

Principal Place of Business
ONE IBM PLAZA, SUITE 2630
CHICAGO IL 60611

Mailing Address
ONE IBM PLAZA, SUITE 2630
CHICAGO IL 60611



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
ONE IBM PLAZA
Suite, Apt. #, etc.
2630
City & State
CHICAGO, IL

3. Mailing Address
ONE IBM PLAZA
Suite, Apt. #, etc.
2630
City & State
Chicago, IL

4. FEI Number 36-4226842
Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

Zip Country Zip Country
60611 US 60611 US

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SOUTH 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

Managing Member
PFCO, Inc.
One IBM Plaza, Suite 2630
Chicago, IL 60611

Member
Kim Settlement
One IBM Plaza, Suite 2630
Chicago, IL 60611

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*****50.00 *****50.00

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Lusten B. Barrow, Vice President - PFCO, Inc. - Managing Member
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date 3.14.01 Daytime Phone #

CR2E083 (11/00)