


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0021680

**DOCUMENT # M00000000146**

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



**FILED**  
2003 SEP 29 PM 12:46

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address

ONE IBM PLAZA, #2630      ONE IBM PLAZA, #2630  
CHICAGO IL 60611      CHICAGO IL 60611



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business      3. Mailing Address

333 N. Michigan Ave.      333 N. Michigan Ave.  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
Suite 501      Suite 501  
City & State      City & State  
Chicago, IL      Chicago, IL  
Zip      Zip      Country      Country  
60601      60601      USA      USA

4. FEI Number      **36-4226842**      Applied For  
Not Applicable

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

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. 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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	MGRM	PFCO, INC.	ONE IBM PLAZA, SUITE 2630 CHICAGO IL 60611	<input type="checkbox"/>
	MGRM	SETTLEMENT, KM	ONE IBM PLAZA STE 2630 CHICAGO IL 60611	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		333 N. Michigan Ave., Suite 501	Chicago, IL 60601	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		500023401935	09/29/03--01073--014 **50.00	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: SIGNATURE REQUIRED PRESIDENT OF PFCO, INC.      Date: 9/23/03      Daytime Phone #: 312-263-3900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (4/03)