

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000002209

1. Entity Name

ALVORD, BURDICK & HOWSON, L.L.C.

Principal Place of Business

20 NORTH WAKER DRIVE, SUITE 1401
CHICAGO IL 60606

Mailing Address

20 NORTH WAKER DRIVE, SUITE 1401
CHICAGO IL 60606

FILED

01 JAN 30 AM 10:10

SECRETARY OF STATE
TALLAHASSEE FLORIDA



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

36-2211558

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

900003673069--6
-02/09/01--01102--006
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

TITLE NAME MGRM ECKMANN, DONALD E ☐ Delete
STREET ADDRESS 20 NORTH WAKER DRIVE, SUITE 1401
CITY-ST-ZIP CHICAGO IL 60606

TITLE NAME MGRM LIN, YA-TAI ☐ Delete
STREET ADDRESS 20 NORTH WAKER DRIVE, SUITE 1401
CITY-ST-ZIP CHICAGO IL 60606

TITLE NAME MGRM MUI, BON GL ☐ Delete
STREET ADDRESS 20 NORTH WAKER DRIVE, SUITE 1401
CITY-ST-ZIP CHICAGO IL 60606

TITLE NAME MGRM GREEN, J. WARREN ☐ Delete
STREET ADDRESS 20 NORTH WAKER DRIVE, SUITE 1401
CITY-ST-ZIP CHICAGO IL 60606

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

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:

Bon Mui SIGNATURE REQUIRED

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

1/22/01

Date

311-236-9197

Daytime Phone #

CR2E083 (11/00)

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