

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90057 015 ****50.00

DOCUMENT # M98000000358

1. Entity Name

THE MARTIN-BROWER ACQUISITION COMPANY, L.L.C.

Principal Place of Business

333 E. BUTTERFIELD RD., SUITE 500
 LOMBARD IL 60148-5641

Mailing Address

333 E. BUTTERFIELD RD., SUITE 500
 LOMBARD IL 60148-5641

907986



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9500 W. BRYN MAWR AV

3. Mailing Address

SAME

Suite, Apt. #, etc.

SUITE 700

Suite, Apt. #, etc.

City & State

ROSEMONT IL

City & State

4. FEI Number

36-4221605

Applied For

Not Applicable

Zip

60018

Country

USA

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGR MARTIN-BROWER MANAGEMENT CORPORATION 333 E. BUTTERFIELD RD., SUITE 500 LOMBARD IL 60148-5641	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
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	<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:

PETER A. SWAN
 PETER A. SWAN
 SECRETARY

JAN 14 2002

847/227-6500

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

Date

Daytime Phone #

CR2E083 (9/01)