2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P09718 1. Entity Name G EQUITY INVESTMENT GROUP LTD., INC.					Secretary of State 03-06-2002 90029 027 ***150.00			
Principal Place of Business 20 NORTH CLARK STREET SUITE 2550 CHICAGO IL 60602		Mailing Address 20 NORTH CLARK STREET SUITE 2550 CHICAGO IL 60602						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. F	El Number 36-3327521	 	plied For t Applicable	
Zip	Country	Zip	Country	5. 0	Certificate of Status Desired	\$8.75 Add		
	6. Name and Address of Current Re	egistered Agent			lame and Address of New Registered	<u>_</u>		
GOLDSTICK, PHILLIP C 26TH ST GEORGE PLACE PALM BCH GARDENS FL 33418			Name Street Addres	Name Street Address (P.O. Box Number is Not Acceptable)				
, PALM DO	H GARDENS PL 33410	City			FL Zip Code			
9. This corporation is eligible to satisfy its Intangible 1. Tax filling requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of St		tate Must Fund Contribution. Added to Fees				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP GOLDSTICK, PHILLIP C 20 N. CLARK ST., #2550 CHICAGO IL	☐ Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADI	DITIONS/CHANGES TO OFFICERS AN	D DIRECTORS Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOLDSTICK, GALE 20 N. CLARK ST., #2550 CHICAGO IL 60602	, 🗖 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	ST- GOLDSTICK, BEVERLY 20 N. CLARK ST., #2550 CHICAGO IL 60602	Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EGAN, TIMOTHY F III 20 N. CLARK ST., STE. 2550 CHICAGO IL 60602	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition A	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRIEDMAN, MARILYN C 20 N. CLARK ST., STE. 2550 CHICAGO IL 60602	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
indicated of the cor	certify that the information supplied with the on this report or supplemental report is treporation or the receiver or trustee empoyer or on ap-attachment with an address with	ue and accurate and that me ered to execute this report a	y signature shall have th	e same le	egal effect as if made under oath; that I	am an officer	or director	

SIGNATURE:

SEGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1312) 782-3280