

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90150 022 ***150.00

DOCUMENT # P15408

1. Entity Name
TRUSERV CORPORATION



Principal Place of Business

8600 W BRYN MAWR
8600 W. BRYN MAWR
CHICAGO IL 60631
US

Mailing Address

8600 W BRYN MAWR
CHICAGO IL 60631
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
36-2099896

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

11012729



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **BLAGG, J.W.**
STREET ADDRESS **8600 W BRYN MAWR**
CITY-ST-ZIP **CHICAGO IL 60631**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
NAME **WILLIAM F. GOODWIN**
STREET ADDRESS **8600 W. BRYN MAWR**
CITY-ST-ZIP **CHICAGO IL 60631**

TITLE **P** ☒ Delete
NAME **HOYE, DONALD J**
STREET ADDRESS **8600 W BRYN MAWR**
CITY-ST-ZIP **CHICAGO IL**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
NAME **TON M. JOHNSON**
STREET ADDRESS **8600 W BRYN MAWR**
CITY-ST-ZIP **CHICAGO IL 60631**

TITLE **S** ☒ Delete
NAME **NAUER, DIANE T**
STREET ADDRESS **8600 W BRYN MAWR**
CITY-ST-ZIP **CHICAGO IL**

TITLE **SR. VICE PRESIDENT-SECRETARY** ☒ Change ☐ Addition
NAME **CATHY ANDERSON**
STREET ADDRESS **8600 W BRYN MAWR**
CITY-ST-ZIP **CHICAGO IL 60631**

TITLE **V** ☐ Delete
NAME **HASTIE, NEIL A**
STREET ADDRESS **8600 W BRYN MAWR**
CITY-ST-ZIP **CHICAGO IL 60631**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **LIEBERMAN, PAMELA**
STREET ADDRESS **8600 W BRYN MAWR**
CITY-ST-ZIP **CHICAGO IL 60631**

TITLE **PRESIDENT-CEO** ☒ Change ☐ Addition
NAME **PAMELA LIEBERMAN**
STREET ADDRESS **8600 W BRYN MAWR**
CITY-ST-ZIP **CHICAGO IL 60631**

TITLE **V** ☒ Delete
NAME **SHERWOOD, JAMES M**
STREET ADDRESS **8600 W BRYN MAWR**
CITY-ST-ZIP **CHICAGO IL**

TITLE **SR. VICE PRESIDENT-CEO** ☒ Change ☐ Addition
NAME **DAVID A. SHADDUCK**
STREET ADDRESS **8600 W BRYN MAWR**
CITY-ST-ZIP **CHICAGO IL 60631**

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David Shadduck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-03

773-695-5000

CR2E034 (10/02)