

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90249 021 \*\*\*150.00

**DOCUMENT # P38691**  
 1. Entity Name  
**TRUE NORTH HOLDINGS (LATIN AMERICA), INC.**

Principal Place of Business      Mailing Address  
**C/O TRU NORTH SERVICES**      **C/O TRU NORTH SERVICES**  
**13801 FNB PARKWAY**      **13801 FNB PARKWAY**  
**OMAHA NE 68154**      **OMAHA NE 68154**

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      Applied For  
**59-1849797**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
 10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CHESTER, GARY	
STREET ADDRESS	101 E. ERIE ST.	
CITY-ST-ZIP	CHICAGO IL 60611	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ASHLEY, KENNETH J	
STREET ADDRESS	101 E ERIE ST	
CITY-ST-ZIP	CHICAGO IL 60611	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HOLLINGSWORTH, SCOTT	
STREET ADDRESS	1401 BRICKELL AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CHESTER, GARY D	
STREET ADDRESS	101 EAST ERIE STREET	
CITY-ST-ZIP	CHICAGO IL	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	PERONA, DALE	
STREET ADDRESS	101 EAST ERIE STREET	
CITY-ST-ZIP	CHICAGO IL 60611-2897	
TITLE	EV	<input type="checkbox"/> Delete
NAME	BRYCE, RON	
STREET ADDRESS	101 E. ERIE ST.	
CITY-ST-ZIP	CHICAGO IL 60611	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steven Megel	
STREET ADDRESS	13801 FNB Parkway	
CITY-ST-ZIP	Omaha, NE 68154	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jacqueline Stone	
STREET ADDRESS	13801 FNB Parkway	
CITY-ST-ZIP	Omaha, NE 68154	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Albert Conte	
STREET ADDRESS	1270 Avenue of the Americas, Flr 7	
CITY-ST-ZIP	New York, NY 10020	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
 Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/01)