

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91097 049 ***150.00

DOCUMENT # P96000034497

1. Entity Name
JOSEPH U. MOORE, INC.

Principal Place of Business 123 N WACKER DR CHICAGO IL 60606 US	Mailing Address P.O. BOX 8264 CHICAGO IL 60680 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 36-4083823	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired **\$8.75 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
State 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, 2001 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	P	<input type="checkbox"/> Delete
NAME	WILCOX, TERRY L	
STREET ADDRESS	123 N. WACKER	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HARDY, ARLENE H	
STREET ADDRESS	123 N. WACKER	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	S	<input type="checkbox"/> Delete
NAME	JESCHKE, ARLENE	
STREET ADDRESS	123 N. WACKER	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	HANNER, JEROME	
STREET ADDRESS	123 N. WACKER	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	V	<input type="checkbox"/> Delete
NAME	BAER, JEROME I	
STREET ADDRESS	123 N. WACKER	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	LEERSCH, RONALD	
STREET ADDRESS	123 N. WACKER	
CITY-ST-ZIP	CHICAGO IL 60606	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AIGOTTI, DIANE	
STREET ADDRESS	123 N. WACKER DR.	
CITY-ST-ZIP	CHICAGO, IL 60606	
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		
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)(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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jerome Baer* DATE: 4/17/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)