

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M00000002209**

1. Entity Name
ALVORD, BURDICK & HOWSON, L.L.C.

FILED *WR 2/8*
01 JAN 30 AM 10:10
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
20 NORTH WAKER DRIVE, SUITE 1401 **20 NORTH WAKER DRIVE, SUITE 1401**
CHICAGO IL 60606 **CHICAGO IL 60606**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 36-2211558		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State

900003673069--6
 -02/09/01--01102--006
 *****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS				10. ADDITIONS / CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ECKMANN, DONALD E			NAME			
STREET ADDRESS	20 NORTH WAKER DRIVE, SUITE 1401			STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60606			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LIN, YA-TAI			NAME			
STREET ADDRESS	20 NORTH WAKER DRIVE, SUITE 1401			STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60606			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MUI, BON GL			NAME			
STREET ADDRESS	20 NORTH WAKER DRIVE, SUITE 1401			STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60606			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GREEN, J. WARREN			NAME			
STREET ADDRESS	20 NORTH WAKER DRIVE, SUITE 1401			STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60606			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *Bon Mui* **BON MUI** 1/22/01 311-236-9197
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)

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