

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000004198

1. Entity Name

MIDAS INTERNATIONAL CORPORATION

Principal Place of Business

225 N MICHIGAN AVE-TAX DEPT 11TH FLR
CHICAGO IL 60601

Mailing Address

225 N MICHIGAN AVE-TAX DEPT 11TH FLR
CHICAGO IL 60601

2. Principal Place of Business

1300 Arlington Heights Rd

3. Mailing Address

1300 Arlington Heights Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Itasca, Illinois

City & State

Itasca, Illinois

Zip

60143

Country

Zip

60143

Country

4. FEI Number

36-1265336

Applied For

Not Applicable

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)

300004316099-4

05/24/01-01097-017

****900.00 ****300.00

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

Christine M. Eastwine

Christine M. Eastwine
Assistant Secretary

5/4/01

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

(NOTE) Registered Agent signature required when reinstating

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!
After SEPTEMBER 1,
Make Check Payable to Department of State

FEE IS \$550.00
2000 Min. will be \$750.00

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP PROVINCE, WENDEL H 225 N MICHIGAN AVE CHICAGO IL 60601	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT PAPPAS, CHRISTIAN C 225 N MICHIGAN AVE CHICAGO IL 60601	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BARCLAY, R LEE 225 N MICHIGAN AVE CHICAGO IL 60601	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SORENSEN, ROBERT H 225 N MICHIGAN AVE CHICAGO IL 60601	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1300 Arlington Heights Road Itasca, IL 60143	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1300 Arlington Heights Road Itasca, IL 60143	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 no 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:

William Guzik

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01

Date

630/438/3000

Daytime Phone #

CR2E034 (5/00)