

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90014 031 \*\*\*150.00

**DOCUMENT # 017109**

1. Entity Name  
**THE CORPORATION COMPANY**

Principal Place of Business  
**1200 S. PINE ISLAND RD.  
 PLANTATION FL 33324  
 US**

Mailing Address  
**161 N. CLARK ST.  
 SUITE 4800  
 CHICAGO IL 60601**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip

**Blowers Kluwer  
 US Corp - 1101 W Clark St  
 18th floor - Legal  
 Chg IL  
 60601 USA**

4. FEI Number  
**51-0099484**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
 1200 S. 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 NA  
 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!!! 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>YARRINGTON, HUGH J</b> <b>161 N CLARK ST</b> <b>CHICAGO IL 60601</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSTD</b> <b>LENZ, BRUCE C</b> <b>161 N. CLARK ST. 48TH FLOOR</b> <b>CHICAGO IL 60601</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CARTWRIGHT, CHRISTOPHER</b> <b>111 8TH AVE</b> <b>NY NY 10011</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>GORDON, DALE C</b> <b>161 N CLARK ST, STE 4800</b> <b>CHICAGO IL 60601</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <b>HEALY, PETER F</b> <b>161 N CLARK ST, STE 4800</b> <b>CHICAGO IL 60601</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Dale C. Gordon Date: 1/8/02 Daytime Phone #: 312-425-7045  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)