

2000 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Jun 08, 2000 8:00 am
Secretary of State

DOCUMENT # 444966

1. Entity Name

GUARANTEE ABSTRACT AND TITLE INSURANCE COMPANY

Principal Place of Business

Mailing Address

171 N CLARK ST
 ML 06CT
 CHICAGO IL 60601-3294

171 N CLARK ST
 ML 06CT
 CHICAGO IL 60601-3203

2. Principal Place of Business

2. Mailing Address

Dormant Corp.

171 N Clark Street

Suite, Apt. #, etc.

Suite 100
 8th Floor

City & State

Chicago, Illinois

Zip

Country

60601

US

4. FEI Number

95-3642540

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THORNTON, JOHN S JR
4300 DUHME ROAD
SUITE 3D
MADEIRA BEACH FL 33738

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ADAMS, THOMAS J.	
STREET ADDRESS	171 N. CLARK STREET	
CITY-ST-ZIP	CHICAGO IL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FERRARO, KENNETH C.	
STREET ADDRESS	171 N. CLARK STREET	
CITY-ST-ZIP	CHICAGO IL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SISK, A. LARRY	
STREET ADDRESS	171 N. CLARK ST.	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GREENE, WILLIAM L.	
STREET ADDRESS	171 N. CLARK STREET	
CITY-ST-ZIP	CHICAGO IL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LEEMPUTTLE, PETER G	
STREET ADDRESS	171 N. CLARK STREET	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SISK, A. LARRY	
STREET ADDRESS	171 N. CLARK STREET	
CITY-ST-ZIP	CHICAGO IL 60601	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marjorie Nemzura	
STREET ADDRESS	171 N. Clark Street	
CITY-ST-ZIP	Chicago, IL 60601	
TITLE	VP & Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eileen W. Van Roeyen	
STREET ADDRESS	171 N. Clark Street	
CITY-ST-ZIP	Chicago, IL 60601	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patrick Farenga	
STREET ADDRESS	4050 Calle Real, Suite 210	
CITY-ST-ZIP	Santa Barbara, CA 93110	
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:

Carol W. Blover

Date

Daytime Phone #

Eileen W. Van Roeyen

Eileen W. Van Roeyen, Ast: Secy 6/4/00 312 223-2581

CR2E034 (9/99)