

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91339 042 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 565945			
1. Entity Name TMP Holdings, Inc.			
Principal Place of Business		Mailing Address	
2. Principal Place of Business 202 W. 1st. Street		3. Mailing Address 202 W. 1st Street	
Suite, Apt. #, etc. 5th Floor		Suite, Apt. #, etc. 5th Floor	
City & State Los Angeles, CA		City & State Los Angeles, CA	
Zip 90012	Country USA	Zip 90012	Country USA
4. FEI Number 34-0141330		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
Corporation Service Company 1201 Hays Street Tallahassee, FL 32301			
7. Name and Address of New Registered Agent			
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 _____ (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) <input checked="" type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Donald C. Grenesko 435 N. Michigan Ave. Chicago, IL 60611 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Debra A. Gastler 202 W. 1st Street Los Angeles, CA 90012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S Crane H. Kenney 435 N. Michigan Ave. Chicago, IL 60611 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T David J. Granat 435 N. Michigan Ave. Chicago, IL 60611 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Julie K. Xanders 202 W. 1st Street Los Angeles, CA 90012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT Ted. D. Novak 435 N. Michigan Ave. Chicago, IL 60611 <input type="checkbox"/> Delete	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 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: <i>Debra A. Gastler</i>		Debra A. Gastler	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		213-237-3743	
		Daytime Phone #	

00054159

DO NOT WRITE IN THIS SPACE

CR2E034 (1/1/00)