## 2000 UNIFORM BUSINESS REPORT (UBR)

## Feb 11, 2000 8:00 am Secretary of State **DOCUMENT # 807970** 1. Entity Name TOPCO ASSOCIATES INC. (COOPERATIVE) 02-11-2000 90010 007 \*\*\*150.00 Mailing Address Principal Place of Business 7711 GROSS POINT RD 7711 GROSS POINT RD SKOKIE ILLINOIS 60077 SKOKIE ILLINOIS 60077-2615 (0020194 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FE! Number City & State 36-2025892 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD **PLANTATION FL 33324** Zip Code City 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. LINE KIND 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change resident Addition Delete TITLE RUBOW, STEVE NAME NAME 7711 GROSS POINT RD STREET ADDRESS STREET ADDRESS 711 Gross Skie . ( 60077 CITY-ST-ZIP CITY-ST-ZIP SKOKIE IL Addition TITLE ☐ Change ☐ Delete TITLE Lauer, Steve NAME NAME 7711 Gross Bit Rd Skokie, 715-60077 STREET ADDRESS 7711 GROSS POINT RD STREET ADDRESS CITY-ST-ZIP-CITY - ST - ZIP ☐ Delete TITLE TITLE Graceman WOLFE, E R NAME NAME 7711 GROSS POINT RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP skokie il VΡ Change ☐ Delete TITLE GUY, KÉN NAME STREET ADDRESS 7711 GROSS POINT RD STREET ADDRESS CITY-ST-ZIP SKOKIE IL CITY-ST-ZIP ۷P ☐ Change Defete TITLE TITLE MAZUR, DAN NAME NAME 7711 GROSS POINT ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SKOKIE IL CITY-ST-ZIP ۷P Change TITLE □ Delete FICKS, RONALD NAME NAME 7711 GROSS POINT ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SKOKIE IL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED