2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

819659 **DOCUMENT #**

			CORPOR S REPOR			May 05, 2	003 8:0)0 am	0619790 1	
DOCUMENT # 819659 1. Entity Name						Secretar	y oi Sta	ate	۷۵	
UNITED S	STATES GYPS	UM COMPANY)		.00		
Principal Place of Business 125 SOUTH FRANKLIN ST CHICAGO IL 60606 Mailing Address 125 SOUTH FRANKLIN ST CHICAGO IL 60606 CHICAGO IL 60606						Secretary of State 05-05-2003 90251 008 ***150.00 CHECK HERE IF MAKING CHANGES A. FEI Number 36-1898410 Applied For Not Applicable				
2. Principal f	Place of Business	3	3. Mailing Address			- 1486661 48181 11818 18110 81101 81110 9111 91811 91811 91811 81811 81811 91811 91811 91811 91811 91811 9181				
Suite, Apt	. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF M	IAKING CHANGES			
City & Stat	te		City & State			4. FEI Number 36-1898410	<u> </u>		-	
Zip	Cou	ntry	Zip	Counti	У	5. Certificate of Status Desired				
	6. Name and A	ddress of Current Reg	stered Agent			7. Name and Address of New Regis	tered Agent]	
			•		Name	•				
- CT-CORPORATION-SYSTEM					Street Address	(P.O. Box Number is Not Acceptable)				
	PINE ISLAND ROA)		_		· · · · · · · · · · · · · · · · · · ·				
PLANTATI	ION FL 33324									
					City		FL Zip Cod	e		
	tions of registered ag	jent.	•	registere	d office or registe	ered agent, or both, in the State of Florida	. I am familiar with,	and accept		
	Signature, typed or printed	name of registered agent and titl	e it applicable. (NOTE:	Registered	Agent signature require	d when reinstating)	DATE			
Afte	ILE NOW!!! FEE r May 1, 2003 Fee k Payable to Florid		ite			, -				
10.		OFFICERS AND DIRE	CTORS	11.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	S IN 11		
TITLE	PCEO		☐ Delete	TITLE			☐ Change	Addition)(05)	
NAME STREET ADDRESS	41114 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4				T ADDRESS				34 (1	
CITY-ST-ZIP	t	000		CITY-S	51-211			☐ Addition	ZE	
TITLE Name	LOWES, D. RICK		☐ Delete	TITLE NAME			Change	Addition	ပြ	
STREET ADDRESS CITY-ST-ZIP	125 S. FRANKLII CHICAGO IL 606			STREET CITY-S	T ADORESS					
	 	100-4010	——————————————————————————————————————	-		SECRETORN	——————————————————————————————————————	Addition		
TITLE NAME	VPS SCHAAL=ERIC J		Delete	TITLE NAME		SUZANNE TORREY	☐ Change	A ADDITION		
STREET ADDRESS	125 S. FRANKLI			STREE	T ADDRESS	125 S. FRANKLIN S	7 .			
CITY-ST-ZIP	CHICAGO IL 606	06		CITY-S	ST-ZIP	CHICAGO IL 60606				
TITLE	<u> </u>		☐ Delete	TITLE			☐ Change	☐ Addition		
NAME	BELZ, RAYMONE			NAME	A DODDECC			Í		
STREET ADDRESS CITY-ST-ZIP	125 S. Frankli Chicago Il	1 JI.		CITY-S	r address St-7IP				1	
TITLE	D		Delete	TITLE			Chance	Addition		
NAME	FLEMING, RICHA	RD H	- Delete	NAME			Change			
STREET ADDRESS	125 S FRANLKIN	ST		STREE	ADORESS					
CITY-ST-ZIP	CHICAGO FK 60	606	A-7	CITY-S	ST- ZIP					
TITLE			☐ Delete	TITLE			☐ Change	☐ Addition		
NAME STREET ANDRESS				NAME	r Anneess					

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

36-606-4000

Daytime Phone #