

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90162 018 ***158.75

DOCUMENT # 830768

1. Entity Name

COLEMAN FLOOR COMPANY

Principal Place of Business

**C/O CT CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION FL 33324
 US**

Mailing Address

**3100 TOLLVIEW DRIVE
 ROLLING MEADOWS IL 60008**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-2605373

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

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, 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 **P** ☐ Delete
 NAME **COLEMAN, THOMAS D**
 STREET ADDRESS **930 FOREST GLEN**
 CITY-ST-ZIP **WINNETKA IL 60093**

TITLE **VD** ☒ Delete
 NAME **BAER, G.F.**
 STREET ADDRESS **700 COUNTRY LANE**
 CITY-ST-ZIP **GLENCOE IL**

TITLE **S** ☐ Delete
 NAME **KESSLER, ALAN J**
 STREET ADDRESS **17 CORNELL DR**
 CITY-ST-ZIP **LINCOLNSHIRE IL**

TITLE **D** ☒ Delete
 NAME **COLEMAN, THOMAS D**
 STREET ADDRESS **1914 GREENWOOD AVENUE**
 CITY-ST-ZIP **WILMETTE IL**

TITLE **T** ☐ Delete
 NAME **KESSLER, ALAN J**
 STREET ADDRESS **17 CORNELL DR.**
 CITY-ST-ZIP **LINCOLNSHIRE IL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **Director**
 STREET ADDRESS **Christopher White**
 CITY-ST-ZIP **247 West 87th APT 18F
 New York, NY 10024**

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:

THOMAS D. COLEMAN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/02 847-259-16100
 Date Daytime Phone #

CR2E034 (9/01)