2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

830768 DOCUMENT

1. Entity

Principa C/O CT

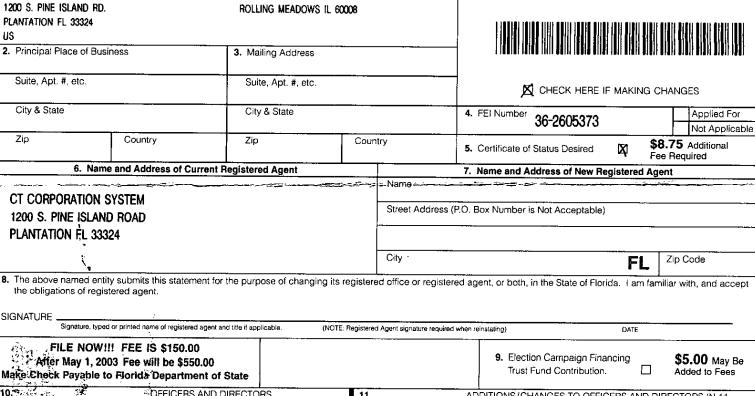
COLE



FILED Jan 17, 2003 8:00 am Secretary of State

01-17-2003 90081 028 ***158.75

MAN FLOOR COMPANY			
Place of Business CORPORATION SYSTEM PINE ISLAND RD. ION FL 33324	Mailing Address 3100 TOLLVIEW DRIVE ROLLING MEADOWS IL 60008		
pal Place of Business	3. Mailing Address		



10.3	OFFICERS AND DIRECTOR		100			
10.	** OFFICERS AND DIRECTORS		11,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME	P COLEMAN, THOMAS D	☐ Delete	TITLE		☐ Change	☐ Addition
			NAME			
STREET ADDRESS	930 FOREST GLEN		STREET ADDRESS			
CITY-ST-ZIP	WINNETKA IL 60093		CITY-ST-ZIP			
TITLE ,	∤VD	Delete	TITLE		☐ Change	Addition
NAME	BAER, G.F.		NAME			_ `
STREET ADDRESS	700 COUNTRY LANE		STREET ADDRESS			
CITY-ST-ZIP	GLENCOE IL		CITY-ST-ZIP			
TITLE	s	☐ Delete_	TITLE		Change	Addition
NAME	KESSLER, ALAN J	· · · · · · · · · · · · · · · · · · ·	NAME	· •	unungv	
STREET ADDRESS	17 CORNELL DR		STREET ADDRESS			i
CITY-ST-ZIP	LINCOLNSHIRE IL		CITY-ST-ZIP			
TITLE	D	No.	•	t a		
NAME	15	🔀 Delete	TITLE	D	🔀 Change	Addition
STREET ADDRESS	COLEMAN, THOMAS D		NAME	Christopher White 247 w 87th Apr 18F		
CITY-ST-ZIP	1914 GREENWOOD AVENUE		STREET ADDRESS	247 W 87 Th Apt 18F		
	WILMETTE IL		CITY-ST-ZIP	New York New York	10024	
TITLE	T	Delete	TITLE		☐ Change	☐ Addition
NAME	KESSLER, ALAN J	,	NAME			_
STREET ADDRESS	17 CORNELL DR.		STREET ADDRESS			j
CITY-ST-ZIP	LINCOLNSHIRE IL		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	Addition
NAME			NAME		<u> </u>	
STREET ADDRESS	s. ,		STREET ADDRESS			j
CITY-ST-ZIP			CITY-ST-ZIP			
	The state of the s					1

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)