

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 833070

1. Entity Name  
SEAFORD CLOTHING CO.

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90447 001 \*\*\*450.00

Principal Place of Business  
101 NORTH WACKER DRIVE  
% HARTMARX CORP  
CHICAGO IL 60606  
US

Mailing Address  
101 N WACKER DRIVE  
% HARTMARX CORP.  
CHICAGO IL 60606-7389  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
36-1692913

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME VD  
STREET ADDRESS MORGAN, GLENN R.  
CITY-ST-ZIP 101 N WACKER DR  
CHICAGO IL

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

TITLE ☐ Delete  
NAME SD  
STREET ADDRESS PROCZKO, TARAS R.  
CITY-ST-ZIP 101 N. WACKER DR  
CHICAGO IL

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

TITLE ☐ Delete  
NAME P  
STREET ADDRESS HOFFMAN, KENNETH A  
CITY-ST-ZIP 101 N WACKER DR  
CHICAGO IL

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

TITLE ☐ Delete  
NAME AT  
STREET ADDRESS SWAPA, RAYMOND S  
CITY-ST-ZIP 101 N WACKER DR  
CHICAGO IL

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

TITLE ☒ Delete  
NAME TDV  
STREET ADDRESS CONDON, JAMES E.  
CITY-ST-ZIP 101 N WACKER DR  
CHICAGO IL

TITLE ☐ Change ☒ Addition  
NAME Assistant Secretary  
STREET ADDRESS Burman, Cynthia N.  
CITY-ST-ZIP 101 N. Wacker Dr.  
Chicago, IL 60606

TITLE ☐ Delete  
NAME AT  
STREET ADDRESS ZAHR, ANDREW A  
CITY-ST-ZIP 101 N WACKER DR  
CHICAGO IL

TITLE ☒ Change ☐ Addition  
NAME VP, D, T  
STREET ADDRESS Same  
CITY-ST-ZIP

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: *Taras R. Proczko* Taras R. Proczko, Secretary

4/5/02

(312) 357-5321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)