

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90138 007 \*\*\*150.00

0651725 AT

**DOCUMENT # 835746**

1. Entity Name  
**NORLEASE, INC.**



Principal Place of Business  
**%CORPORATE TAX M-11**  
**50 SOUTH LASALLE STREET**  
**CHICAGO IL 60675**  
**US**

Mailing Address  
**50 SOUTH LASALLE STREET**  
**%ROSE ELLIS, M-9**  
**CHICAGO IL 60675**  
**US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-2748768**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                         |                                            |
|----------------|-------------------------|--------------------------------------------|
| TITLE          | PD                      | <input type="checkbox"/> Delete            |
| NAME           | PAPE, J. JAY            |                                            |
| STREET ADDRESS | 50 SOUTH LASALLE STREET |                                            |
| CITY-ST-ZIP    | CHICAGO IL              |                                            |
| TITLE          | DS                      | <input type="checkbox"/> Delete            |
| NAME           | KELLEY, JOHN A          |                                            |
| STREET ADDRESS | 50 SOUTH LASALLE ST     |                                            |
| CITY-ST-ZIP    | CHICAGO IL 60675        |                                            |
| TITLE          | TD                      | <input type="checkbox"/> Delete            |
| NAME           | JANOVSKY, BRUCE C       |                                            |
| STREET ADDRESS | 50 S. LASALLE STREET    |                                            |
| CITY-ST-ZIP    | CHICAGO IL              |                                            |
| TITLE          | VP                      | <input type="checkbox"/> Delete            |
| NAME           | PARKER, ERIC G.         |                                            |
| STREET ADDRESS | 50 S. LA SALLE ST.      |                                            |
| CITY-ST-ZIP    | CHICAGO IL              |                                            |
| TITLE          | V                       | <input type="checkbox"/> Delete            |
| NAME           | DAVIS, GLENN P          |                                            |
| STREET ADDRESS | 50 S LASALLE ST         |                                            |
| CITY-ST-ZIP    | CHICAGO IL              |                                            |
| TITLE          | D                       | <input checked="" type="checkbox"/> Delete |
| NAME           | LAFFERTY, J S JR        |                                            |
| STREET ADDRESS | 50 S LASALLE ST         |                                            |
| CITY-ST-ZIP    | CHICAGO IL              |                                            |

|                |                     |                                                                              |
|----------------|---------------------|------------------------------------------------------------------------------|
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |                                                                              |
| STREET ADDRESS |                     |                                                                              |
| CITY-ST-ZIP    |                     |                                                                              |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |                                                                              |
| STREET ADDRESS |                     |                                                                              |
| CITY-ST-ZIP    |                     |                                                                              |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |                                                                              |
| STREET ADDRESS |                     |                                                                              |
| CITY-ST-ZIP    |                     |                                                                              |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |                                                                              |
| STREET ADDRESS |                     |                                                                              |
| CITY-ST-ZIP    |                     |                                                                              |
| TITLE          | D                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | SELANDER, LEE S     |                                                                              |
| STREET ADDRESS | 50 SOUTH LASALLE ST |                                                                              |
| CITY-ST-ZIP    | CHICAGO, IL 60675   |                                                                              |

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: BANKA R. NEQUETTES  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/03 312.632.6148  
Date Daytime Phone #

CR2E034 (10/02)