

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 842461

1. Entity Name

PRIME LEASING, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90158 048 ***150.00

Principal Place of Business

Mailing Address

O'HARE INTERNATIONAL CENTER
10275 WEST HIGGINS ROAD
ROSEMONT IL 60018-3890

O'HARE INTERNATIONAL CENTER
10275 WEST HIGGINS ROAD
ROSEMONT IL 60018-5625

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

36-2935812

Applied For

Not Applicable

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

THE PRENTICE-HALL CORP. SYSTEM, INC.
110 NORTH MAGNOLIA ST.
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

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, 2000 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 PD ☐ Delete
NAME FRIEDMAN, JAMES A.
STREET ADDRESS 700 ARBOR DR.
CITY-ST-ZIP LAKE BLUFF IL

TITLE ☒ Change ☐ Addition
NAME 311 Basswood Road
STREET ADDRESS Lake Forest, IL 60045
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME LANDECK, VERN E
STREET ADDRESS 10275 W HIGGINS RD
CITY-ST-ZIP ROSEMONT IL 60018

TITLE ☒ Change ☐ Addition
NAME 3939 Harvey Avenue
STREET ADDRESS Western Springs, IL 60558
CITY-ST-ZIP

TITLE AS ☒ Delete
NAME JACKSON, SUZANNE M
STREET ADDRESS 1614 W LEXINGTON DR
CITY-ST-ZIP ARLINGTON HG

TITLE ☐ Change ☒ Addition
NAME SECRETARY
NAME SEBASTIAN N. DANZIGER
STREET ADDRESS 1131 FOREST ROAD
CITY-ST-ZIP LA GRANGE, IL 60526

TITLE D ☐ Delete
NAME FRIEDMAN, JAMES A
STREET ADDRESS 10275 W HIGGINS RD
CITY-ST-ZIP ROSEMONT IL 60018

TITLE ☒ Change ☐ Addition
NAME 311 BASWOOD ROAD
STREET ADDRESS LAKE FOREST, IL 60045
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ALTERGOTT, JAMES A
STREET ADDRESS 10275 W HIGGINS RD
CITY-ST-ZIP ROSEMONT IL 60018

TITLE ☒ Change ☐ Addition
NAME 400 STABLEWOOD LANE
STREET ADDRESS LAKE FOREST, IL 60045
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 live empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/2000 847/294-6072

CR2E034 (9/99)