## **FILED** 2000 UNIFORM BUSINESS REPORT (UBR) Apr 29, 2000 8:00 am Secretary of State DOCUMENT # **843498** 04-29-2000 90012 050 \*\*\*150.00 WISS, JANNEY, ELSTNER ASSOCIATES, INC. Principal Place of Business Mailing Address 330 PFINGSTEN RD. =: PEINGSTEN RD. 648101 TTT: IL 60062 NORTHBROOK IL 60062-2003 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 36-2757956 Not Applicable Zip Country Country Ζip \$8.75 Additional 5. Certificate of Status Desired Fee Required~ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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 . (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Change **▼** Addition ☐ Delete TITLE JANNEY, JACK R. William J. Nugent NAME NAME 300 Ahwahnee Lane STREET ADDRESS 4600 S. HOLLY STREET ADDRESS Lake Forest, IL CHERRY HILLS VIL CO 80111 CITY-ST-ZIP 60045 Addition Change ☐ Delete TITLE KLEIN, GARY J. F. Dirk Heidbrink NAME NAME 4114 HOWARD AVENUE STREET ADDRESS 1123 Donegal Lane STREET ADDRESS CITY-ST-ZIP WESTERN SPRGS IL 60558 CITY-ST-ZIP Northbrook, IL 60062~ TITLE VΡ Change ▼ Addition ☐ Delete TITLE CONNOLLY, JAMES D. Ian R. Chin NAME NAME 190 S. Thorne Grove Dr. **=1484=INDIGO=BRIVE**= STREET ADDRESS 1957 N. Larrabee STREET ADDRESS ### **PROSPEC#** ### CITY-ST-ZIP Chicago, IL 60614 CITY-ST-ZIP Vernon Hills, IL 60061 vptd ☐ Change X Addition TITI F TITLE Delete METZ, FRED L. NAME NAME Harry J. Hunderman **760 INTERLAKEN** STREET ADDRESS STREET ADDRESS 2223 Colfax CITY-ST-7IP LAKE ZURICH IL 60047 CITY-ST-ZIP <u>Evanston, IL 60201</u> Change Addition TITLE ☐ Delete TITLE KOOB, MICHAEL J. Jerry G. Stockbridge NAME 1180 BRECKENRIDGE AVE STREET ADDRESS STREET ADDRESS 600 Fairway Drive CITY-ST-7IP Glenview, IL 60025 CITY-ST-ZIP LAKE FOREST IL 60045 TITLE ☐ Delete TITLE ☐ Change 🔀 Addition POPOVIC, PREDRAG William E. White NAME NAME 6630 N. SPOKANE AVENUE STREET ADDRESS STREET ADDRESS 104 Highgate Ct. NE CITY-ST-ZIE LINCOLNWOOD IL 60646 Eatonton, GA 31024

13. Thereby certify that the information supplied with this filling 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 separt 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 emp

SIGNATURE:

SICKATURES SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICED OR DIRECTOR

4-18-00

847-272-7400

(66/6)

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Daytime Phone #