

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 848632

1. Entity Name

ALEXANDER HOWDEN NORTH AMERICA, INC.

Principal Place of Business

123 N WACKER DR  
CHICAGO IL 60680  
US

Mailing Address

TAX DEPT  
P.O. BOX 8264  
CHICAGO IL 60680-8264  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
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

NA

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 C ☒ Delete  
NAME WILLIAMS, ALAN  
STREET ADDRESS PUTTENDEN MANOR, SHIPBOURNE  
CITY-ST-ZIP TONBRIDGE KE

TITLE CEOP ☒ Delete  
NAME HARRELL, BRUCE E.  
STREET ADDRESS 3579 TURTLE COVE COURT  
CITY-ST-ZIP MARIETTA GA

TITLE T ☐ Delete  
NAME HARDY, ARLENE H  
STREET ADDRESS 123 N WACKER DR  
CITY-ST-ZIP CHICAGO IL 60606

TITLE S ☐ Delete  
NAME JESCHKE, ARLENE  
STREET ADDRESS 123 N WACKER DR  
CITY-ST-ZIP CHICAGO IL 60606

TITLE D ☒ Delete  
NAME HOLLINGSWORTH, CHARLES J.  
STREET ADDRESS 1483 LEAFVIEW ROAD  
CITY-ST-ZIP DECATUR GA

TITLE V ☐ Delete  
NAME BAER, JEROME I  
STREET ADDRESS 123 N WACKER DR  
CITY-ST-ZIP CHICAGO IL 60606

TITLE President, Director ☐ Change ☒ Addition  
NAME Paul T. Sjamaar  
STREET ADDRESS 123 N. Wacker Dr.  
CITY-ST-ZIP Chicago, IL 60606

TITLE Director ☐ Change ☒ Addition  
NAME Michael D. Rice  
STREET ADDRESS 123 N. Wacker Dr.  
CITY-ST-ZIP Chicago, IL 60606

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

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

TITLE Director ☐ Change ☒ Addition  
NAME Tracey A. Carragher  
STREET ADDRESS 123 N. Wacker Dr.  
CITY-ST-ZIP Chicago, IL 60606

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 like empowered.

SIGNATURE: X

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

Date

Daytime Phone #

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90174 016 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1279498

Applied For  
Not Applicable

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

CR2E034 (9/99)