

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

05-04-2000 90110 014 \*\*\*150.00

**DOCUMENT #** 850957  
**1. Entity Name**  
 Presidium, Inc.

**Principal Place of Business** 123 N. Wacker Dr.  
 Chicago, IL 60606  
**Mailing Address** P.O. Box 8264  
 Chicago, IL 60680-8264

A0053605

**2. Principal Place of Business**  
 Suite, Apt. #, etc.  
**3. Mailing Address**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**  
 City & State  
**Zip** Country **Zip** Country

**4. FEI Number** 13-3089709  
**Applied For**  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 The CT Corporation System  
 1200 S. Pine Island Road  
 Plantation, FL 33324

**7. Name and Address of New Registered Agent**  
 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 \$650.00**  
**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**

<b>TITLE</b>	President, Director	<input type="checkbox"/> Delete
<b>NAME</b>	Stephen A. Eisemann	
<b>STREET ADDRESS</b>	123 N. Wacker Dr.	
<b>CITY - ST - ZIP</b>	Chicago, IL 60606	
<b>TITLE</b>	Vice President	<input type="checkbox"/> Delete
<b>NAME</b>	Jerome I. Baer	
<b>STREET ADDRESS</b>	123 N. Wacker Dr.	
<b>CITY - ST - ZIP</b>	Chicago, IL 60606	
<b>TITLE</b>	Chairman, Director	<input type="checkbox"/> Delete
<b>NAME</b>	Tracey A. Carragher	
<b>STREET ADDRESS</b>	123 N. Wacker Dr.	
<b>CITY - ST - ZIP</b>	Chicago, IL 60606	
<b>TITLE</b>	Director	<input type="checkbox"/> Delete
<b>NAME</b>	Michael D. Rice	
<b>STREET ADDRESS</b>	123 N. Wacker Dr.	
<b>CITY - ST - ZIP</b>	Chicago, IL 60606	
<b>TITLE</b>	Treasurer	<input type="checkbox"/> Delete
<b>NAME</b>	Arlene H. Hardy	
<b>STREET ADDRESS</b>	123 N. Wacker Dr.	
<b>CITY - ST - ZIP</b>	Chicago, IL 60606	
<b>TITLE</b>	Secretary	<input type="checkbox"/> Delete
<b>NAME</b>	Arlene Teschke	
<b>STREET ADDRESS</b>	123 N. Wacker Dr.	
<b>CITY - ST - ZIP</b>	Chicago, IL 60606	

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

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		

**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]  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/24/00 (312) 701-3978  
 Date Daytime Phone #