

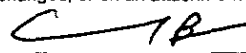
# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90095 046 \*\*\*150.00

825755

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # 851487</b>					
1. Entity Name  <b>FRANK ORLANDO JR. &amp; COMPANY, INC.</b>					
Principal Place of Business 570 LAKE COOK ROAD SUITE 300			Mailing Address 570 LAKE COOK ROAD SUITE 300 DEERFIELD IL 60015		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 36-2999939	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
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
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) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CEOD	<input checked="" type="checkbox"/> Delete	TITLE	C/CEO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORLANDO, FRANK JR		NAME	IAN PYE	
STREET ADDRESS	570 LAKE COOK ROAD		STREET ADDRESS	570 LAKE COOK ROAD	
CITY - ST - ZIP	DEERFIELD, IL 60015		CITY - ST - ZIP	DEERFIELD, IL 60015	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IHLENFELD, BRADLEY		NAME		
STREET ADDRESS	570 LAKE COOK ROAD		STREET ADDRESS		
CITY - ST - ZIP	DEERFIELD, IL 60015		CITY - ST - ZIP		
TITLE	SVCD	<input type="checkbox"/> Delete	TITLE	SV/CFO/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANNAN, MICHAEL		NAME		
STREET ADDRESS	570 LAKE COOK ROAD		STREET ADDRESS		
CITY - ST - ZIP	DEERFIELD, IL 60015		CITY - ST - ZIP		
TITLE	SVSP	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANNAN, MICHAEL		NAME	BRAD BLOCK	
STREET ADDRESS	570 LAKE COOK ROAD		STREET ADDRESS	570 LAKE COOK ROAD	
CITY - ST - ZIP	DEERFIELD, IL 60015		CITY - ST - ZIP	DEERFIELD, IL 60015	
TITLE	SVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEPIN, DENIS A		NAME		
STREET ADDRESS	570 LAKE COOK ROAD		STREET ADDRESS		
CITY - ST - ZIP	DEERFIELD, IL 60015		CITY - ST - ZIP		
TITLE	SVP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REGAN, DEBORAH		NAME		
STREET ADDRESS	570 LAKE COOK ROAD		STREET ADDRESS		
CITY - ST - ZIP	DEERFIELD, IL 60015		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: 		MICHAEL BRANNAN		5/12/00 (847) 940-1200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CR2E034 (9/99)