

2003 **FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 MAY -8 AM 10:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT #</b> 851487
<b>1. Entity Name</b> FRANK ORLANDO JR. & COMPANY Inc

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 570 LAKE COOK ROAD Suite, Apt. #, etc. SUITE 300 City & State DEERFIELD IL Zip 60015 Country USA	<b>3. Mailing Address</b> 570 LAKE COOK ROAD Suite, Apt. #, etc. SUITE 300 City & State DEERFIELD IL Zip IL Country USA
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**DO NOT WRITE IN THIS SPACE**

400019570064 05/20/03--01022--011 **150.00	
<b>DO NOT WRITE IN THIS SPACE</b>	
<b>4. FEI Number</b> 36-2999939	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**7. Name and Address of Current Registered Agent**

<b>Name</b> NRAT
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 526 E. PARK AVENUE
<b>City</b> TALLAHASSEE
<b>FL</b>
<b>Zip Code</b> 32301

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS			
<b>TITLE</b> C/CEO/D	<b>NAME</b> PYE, IAN	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 570 LAKE COOK ROAD, SUITE 300	<b>CITY - ST - ZIP</b> DEERFIELD, IL 60015	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>
<b>TITLE</b> P/D	<b>NAME</b> IHLENFELD, BRADLEY	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 570 LAKE COOK ROAD, SUITE 300	<b>CITY - ST - ZIP</b> DEERFIELD, IL 60015	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>
<b>TITLE</b> SVP/CFO/T/D	<b>NAME</b> BRANNAN, MICHAEL	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 570 LAKE COOK ROAD, SUITE 300	<b>CITY - ST - ZIP</b> DEERFIELD, IL 60015	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>
<b>TITLE</b> S	<b>NAME</b> BLOCK, BRADFORD	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 570 LAKE COOK ROAD, SUITE 300	<b>CITY - ST - ZIP</b> DEERFIELD, IL 60015	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>
<b>TITLE</b> VP	<b>NAME</b> PEPIN, DENIS A	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 570 LAKE COOK ROAD, SUITE 300	<b>CITY - ST - ZIP</b> DEERFIELD, IL 60015	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>
<b>TITLE</b> SVP	<b>NAME</b> SLATER, ROCHELLE	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 570 LAKE COOK ROAD, SUITE 300	<b>CITY - ST - ZIP</b> DEERFIELD, IL 60015	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>

**12. 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 10 or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Rochelle Slater **SVP/ASST SEC/GEN. COUNSEL** 4/28/03 **(847) 940-1200**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #