

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

2003

FILED

03 MAY -8 AM 10:39

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # 851487**  
1. Entity Name  
**FRANK ORLANDO JR. & COMPANY Inc**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>570 LAKE COOK ROAD</b> Suite, Apt. #, etc. <b>SUITE 300</b> City & State <b>DEERFIELD IL</b> Zip <b>60015</b> Country <b>USA</b>		3. Mailing Address <b>570 LAKE COOK ROAD</b> Suite, Apt. #, etc. <b>SUITE 300</b> City & State <b>DEERFIELD IL</b> Zip <b>IL</b> Country <b>USA</b>	
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**400019570064**  
**05/20/03--01022--011 \*\*150.00**

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>36-2999939</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**NRAI**

Street Address (P.O. Box Number is Not Acceptable)  
**526 E. PARK AVENUE**

City  
**TALLAHASSEE** FL Zip Code  
**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 Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

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

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** 4/26/03 (847) 940-1200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

*Handwritten initials*