

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 853129

1. Entity Name

CHICAGO METALLIC PRODUCTS, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90058 003 ***150.00

Principal Place of Business

Mailing Address

800 ELA ROAD
LAKE ZURICH IL 60047
US

C/O SIDNEY S HESS JR
30 N LASALLE ST SUITE 2800
CHICAGO IL 60602-2598
US

2. Principal Place of Business

3. Mailing Address

111 East Wacker Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2800

City & State

City & State

Chicago, IL

Zip

Country

Zip

Country

60601

USA

4. FEI Number

36-2834591

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 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

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

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	DC	<input type="checkbox"/> Delete
NAME	FEAR, GEOFFREY C.	
STREET ADDRESS	800 ELA ROAD	
CITY-ST-ZIP	LAKE ZURICH IL 60047	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HESS, SIDNEY J., JR.	
STREET ADDRESS	30 NORTH LASALLE ST	
CITY-ST-ZIP	CHICAGO IL 60602	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARTON, RALPH W	
STREET ADDRESS	800 ELA ROAD	
CITY-ST-ZIP	LAKE ZURICH IL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHWARTZ, RICHARD M.	
STREET ADDRESS	800 ELA ROAD	
CITY-ST-ZIP	LAKE ZURICH IL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FEAR, PAUL B	
STREET ADDRESS	800 ELA ROAD	
CITY-ST-ZIP	LAKE ZURICH IL 60647	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	FABER, MARK R	
STREET ADDRESS	800 ELA ROAD	
CITY-ST-ZIP	LAKE ZURICH IL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	111 E. Wacker Dr., Ste. 2800	
CITY-ST-ZIP	Chicago, IL 60601	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK R. FABER

Date

2/24/00

Daytime Phone #

847-726-5229

CR2E034 (9/99)