

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 854806**

Entity Name

**CAPITAL, INC.****FILED**  
**May 10, 2000 8:00 ar**  
**Secretary of State**

05-10-2000 90174 044 \*\*\*150.00

Principal Place of Business	Mailing Address
WACKER DRIVE 1000 CHICAGO IL 60601	303 E. WACKER DRIVE SUITE 1000 CHICAGO IL 60601-5298 US

Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Country	Zip	Country
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4. FEI Number	06-0850149	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent****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

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

The corporation is eligible to satisfy its Intangible  
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**

<b>D</b> <b>ZIMMERMAN, MARTN E.</b> <b>100 E. BELLEVUE PLACE, #260</b> <b>CHICAGO IL 60611</b>	<input checked="" type="checkbox"/> Delete
<b>EVD</b> <b>PALLES, ALLEN P.</b> <b>56 FAIRVIEW</b> <b>DEERFIELD IL</b>	<input type="checkbox"/> Delete
<b>AS</b> <b>REDDEL, BONNIE L.</b> <b>25 IRONWOOD CT.</b> <b>FRANKFORT IL</b>	<input type="checkbox"/> Delete
<b>P</b> <b>LAING, R. E</b> <b>1385 N GREENBAY ROAD</b> <b>LAKE FOREST IL</b>	<input type="checkbox"/> Delete
<b>T</b> <b>VERNICK, STEVEN</b> <b>303 E. WACKER DRIVE #1000</b> <b>CHICAGO IL 60611</b>	<input checked="" type="checkbox"/> Delete
<b>SVPS</b> <b>FROBERG, JAMES G</b> <b>303 E. WACKER DR., #1000</b> <b>CHICAGO IL</b>	<input type="checkbox"/> Delete

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

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

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  
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  
applicable, or on an attachment with an address, with all other like empowered.**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**BONNIE L. REDDEL** 4/26/00

Date

312/946-1000

Daytime Phone #

CR2E034 (9/99)