

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000003725

1. Entity Name
ERP-QRS GREENGATE, INC.

Principal Place of Business
TWO NORTH RIVERSIDE PLAZA, SUITE 400
CHICAGO IL 60606

Mailing Address
TWO NORTH RIVERSIDE PLAZA, SUITE 400
CHICAGO IL 60606

Attn: L. Currie

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36 43772 512

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

LEXIS DOCUMENT SERVICES INC.
3953 W.W. KELLEY ROAD
TALLAHASSEE FL 32311

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 V ☐ Delete
NAME BAGINSKI, WENDY
STREET ADDRESS TWO NORTH RIVERSIDE PLAZA, SUITE 400
CITY-ST-ZIP CHICAGO IL 60606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VAS ☐ Delete
NAME DUWE, YASMINIA
STREET ADDRESS TWO NORTH RIVERSIDE PLAZA, SUITE 400
CITY-ST-ZIP CHICAGO IL 60606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VAS ☐ Delete
NAME MATZ, JANE
STREET ADDRESS TWO NORTH RIVERSIDE PLAZA, SUITE 400
CITY-ST-ZIP CHICAGO IL 60606

TITLE ☐ Change ☐ Addition
NAME 800004483788-0
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME PARRELL, MARK
STREET ADDRESS TWO NORTH RIVERSIDE PLAZA, SUITE 400
CITY-ST-ZIP CHICAGO IL 60606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VAS ☐ Delete
NAME RENCH, JENNIFER
STREET ADDRESS TWO NORTH RIVERSIDE PLAZA, SUITE 400
CITY-ST-ZIP CHICAGO IL 60606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME TRAGER, MARK
STREET ADDRESS TWO NORTH RIVERSIDE PLAZA, SUITE 400
CITY-ST-ZIP CHICAGO IL 60606

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

FILED
01 JUL 17 AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E02* (5/01)

ACCOUNT FILING COVER SHEET

pg 2 of 2

ACCOUNT NUMBER: FCA000000005

REFERENCE: 2029543
(Sub Account)

DATE: 7-16-01

REQUESTOR NAME: Lexis Document Services

ADDRESS:

TELEPHONE: () () EXT ()

CONTACT NAME:

CORPORATION NAME: ERP-GRS Greengate, Inc.

DOCUMENT NUMBER: ★ File Annual Report
(if applicable)

AUTHORIZATION: Cynthia J. Woodyard

☐ CERTIFIED COPY (1-9)
☒ CERTIFICATE OF STATUS (1-9)
☒ PLAIN STAMPED COPY

☐ Call
☐ Walk
☐ Mail

() Call if Problem
() Will Wait

() After 4:00
() Pick Up

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATION

2001-JUL-17 11:33

NOT RECORDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING