

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91211 010 ***150.00

DOCUMENT # F00000003725

1. Entity Name
ERP-QRS GREENGATE, INC.



Principal Place of Business
TWO NORTH RIVERSIDE PLAZA, SUITE 400
ATTN: L. CURRIE
CHICAGO IL 60606

Mailing Address
TWO NORTH RIVERSIDE PLAZA, SUITE 400
ATTN: L. CURRIE
CHICAGO IL 60606



2. Principal Place of Business

3. Mailing Address

Two N. Riverside Plaza

Suite, Apt. #, etc.

ATTN: Barb Shuman

City & State

Chicago IL

Zip

60606

Country

4. FEI Number **36-4377274**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 S. Pine Island Rd

City

Plantation

FL

Zip Code

33324

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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	V	<input type="checkbox"/> Delete
NAME	BAGINSKI, WENDY	
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, SUITE 400	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	DUWE, YASMINIA	
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, SUITE 400	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	MATZ, JANE	
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, SUITE 400	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	V	<input type="checkbox"/> Delete
NAME	PARRELL, MARK	
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, SUITE 400	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	RENCH, JENNIFER	
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, SUITE 400	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	V	<input type="checkbox"/> Delete
NAME	TRAGER, MARK	
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, SUITE 400	
CITY-ST-ZIP	CHICAGO IL 60606	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jennifer Rench
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/03
Date

312-474-1300
Daytime Phone #

CR2E034 (10/02)