

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90015 011 \*\*\*150.00

**DOCUMENT # F00000003727**

**1. Entity Name**  
**ERP-QRS OAKLAND HILLS, 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**

00000110



DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		<b>4. FEI Number</b> <b>36-4377273</b>		<b>Applied For</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				<input type="checkbox"/> Not Applicable	
City & State		City & State		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
Zip	Country	Zip	Country				

<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>			
<b>LEXIS DOCUMENT SERVICES INC.</b> <b>3953 W.W. KELLEY ROAD</b> <b>TALLAHASSEE FL 32311</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		<b>10. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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<b>11. OFFICERS AND DIRECTORS</b>				<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	VAS BAGINSKI, WENDY	TWO NORTH RIVERSIDE PLAZA, SUITE 400	CHICAGO IL 60606				
	DUWE, YASMINA	TWO NORTH RIVERSIDE PLAZA, SUITE 400	CHICAGO IL 60606				
	MATZ, JANE	TWO NORTH RIVERSIDE PLAZA, SUITE 400	CHICAGO IL 60606				
	PARRELL, MARK	TWO NORTH RIVERSIDE PLAZA, SUITE 400	CHICAGO IL 60606				
	RENCH, JENNIFER	TWO NORTH RIVERSIDE PLAZA, SUITE 400	CHICAGO IL 60606				
	TRAGER, MARK	TWO NORTH RIVERSIDE PLAZA, SUITE 400	CHICAGO IL 60606				

**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:** *Jennifer Rench* **1/11/02** **312-474-1300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)