

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90046 018 ***158.75

DOCUMENT # F00000004759

1. Entity Name
REGAL DISCOUNT SECURITIES, INC.

Principal Place of Business 950 MILWAUKEE AVE - SUITE 402 307 GLENVIEW IL 60025	Mailing Address 950 MILWAUKEE AVE - SUITE 402 307 GLENVIEW IL 60025
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	36-2916812	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BOKIOS, GEORGE
420 CELEBRATION AVE.
CELEBRATION FL 34747

7. Name and Address of New Registered Agent

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BOKIOS, GEORGE	
STREET ADDRESS	420 CELEBRATION AVE	
CITY-ST-ZIP	CELEBRATION FL 34747	
TITLE	EV	<input type="checkbox"/> Delete
NAME	MUKOYAMA, JAMES H JR	
STREET ADDRESS	4009 TRACEY COURT	
CITY-ST-ZIP	GLENVIEW IL 60025	
TITLE	S	<input type="checkbox"/> Delete
NAME	BOKIOS, STEVEN G	
STREET ADDRESS	4004 LIZETTE LANE	
CITY-ST-ZIP	GLENVIEW IL 60025	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ALLGEIER, JAMES H	
STREET ADDRESS	435 W. ERIE #1306	
CITY-ST-ZIP	CHICAGO IL 60610	
TITLE	T	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICTORIA CARROLL	
STREET ADDRESS	1 JANE LANE	
CITY-ST-ZIP	BARRINGTON HILLS, IL 60011	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT VILLAFLOA	
STREET ADDRESS	1411 W. GEORGE 2ND FLOOR	
CITY-ST-ZIP	CHICAGO, IL 60657	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	110 E DELAWARE	
CITY-ST-ZIP	CHICAGO, IL 60611	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT WALTER -VP	
STREET ADDRESS	3501 JAY LANE	
CITY-ST-ZIP	ROLLING MOUNTAINS, IL 60008	
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: *Robert A. Walter* Date: 4/12/01 Daytime Phone #: 847-375-673

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)