

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90108 027 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000006672

1. Entity Name

PYGOSCELIS GP, INC.

Principal Place of Business

200 WEST MADISON STREET
25TH FLOOR
CHICAGO, IL 60606

Mailing Address

200 WEST MADISON STREET
25TH FLOOR
CHICAGO, IL 60606

2. Principal Place of Business

3. Mailing Address

Suite, Apt., #, etc.

Suite, Apt., #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. Fed Number

36-3975113

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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 (if it used public)

Signature of Registered Agent; signature required when changing office

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and costs to do so
(See or terms on back) ☐

FILE MONTHLY FEE IS \$150.00
ANNUAL FEE IS \$1,000.00
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
NAME
STREET ADDRESS
CITY-STATE-ZIP
PD
LAMELL, CARL M.
200 WEST MADISON ST., 25TH FLOOR
CHICAGO, IL 60606 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Add or

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
MILLER, DAVID
200 WEST MADISON ST., 25TH FLOOR
CHICAGO, IL 60606 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Add or

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
MILLER, MATTHEW
200 WEST MADISON ST., 25TH FLOOR
CHICAGO, IL 60606 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Add or

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VS
POORMAN, JOHN KEVIN
200 WEST MADISON ST., 25TH FLOOR
CHICAGO, IL 60606 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Add or

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VT
COHEN, ROBBIN
200 WEST MADISON ST., 25TH FLOOR
CHICAGO, IL 60606 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Add or

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Add or

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:

John Kevin Poorman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN KEVIN POORMAN, V.P., 2/9/01

DATE

Typed Name

CR2034 (1/00)