

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-21-2003 90044 048 ***150.00

DOCUMENT # F01000006646

1. Entity Name
SILVERPLATTER INFORMATION, INC.



Principal Place of Business
**161 N. CLARK ST., 48TH FLOOR
CHICAGO IL 60601**

Mailing Address
**161 N. CLARK ST., 48TH FLOOR
CHICAGO IL 60601**

2. Principal Place of Business
100 River Ridge Drive
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Norwood MA

City & State

4. FEI Number **04-2887102**

Applied For

Not Applicable

Zip **02062** Country **USA**

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **PD VOGEL, DEAN** ☐ Delete
STREET ADDRESS **333 SEVENTH AVE**
CITY-ST-ZIP **NEW YORK NY 10001**

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

TITLE
NAME **VPDT MCBRIDE, MARK** ☒ Delete
STREET ADDRESS **9350 S. 150 EAST**
CITY-ST-ZIP **SANDY UT 84070**

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

TITLE
NAME **S LENZ, BRUCE C** ☐ Delete
STREET ADDRESS **161 N. CLARK ST., 48TH FLOOR**
CITY-ST-ZIP **CHICAGO IL 60601**

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

TITLE
NAME **S GORDON, DALE C** ☐ Delete
STREET ADDRESS **161 N CLARK ST., 48TH FLOOR**
CITY-ST-ZIP **CHICAGO IL 60601**

TITLE
NAME **Assistant Secretary** ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **Assistant Treasurer** ☐ Change ☒ Addition
STREET ADDRESS **Peter F. Healy**
CITY-ST-ZIP **161 N Clark St 48th fl Chicago IL 60601**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED **Dale Gordon** **1/6/03** **364252015**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)