

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90252 036 ***150.00

DOCUMENT # F02000002197

1. Entity Name
RELAY, INC.



Principal Place of Business
**ONE EAST WACKER DRIVE
CHICAGO IL 60601**

Mailing Address
**ONE EAST WACKER DRIVE
CHICAGO IL 60601**

2. Principal Place of Business
303 East Wacker Drive

3. Mailing Address
1501 Woodson Road

Suite, Apt. #, etc.
Suite 400

Suite, Apt. #, etc.

City & State
Chicago, IL

City & State
St. Louis, MO

Zip
60601

Country
USA

Zip
63114

Country
USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **75-3029714**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HAYWARD, WALLACE M
ONE EAST WACKER DRIVE
CHICAGO IL 60601** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DCOO
DOLAN, JOHN C
1507 WOODSON ROAD
ST. LOUIS MO 63114** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
THORSON, SONDR A
35 WEST WACKER DRIVE
CHICAGO IL 60601** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TCFO
MUELLER, JEANNETTE
1507 WOODSON ROAD
ST. LOUIS MO 63114** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
BRIEN, NICOLAS
35 WEST WACKER DRIVE
CHICAGO IL 60601** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President, CEO, Director
Hayward, Wallace M.
303 East Wacker Drive, Suite 400
Chicago, IL 60601** ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Assistant Secretary
Thorson, Sondra J
35 West Wacker Drive
Chicago, IL 60601** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Secretary, Treasurer, CFO
Mueller, Jeannette
1507 Woodson Road
St. Louis, MO 63114** ☒ Change ☐ Addition

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

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

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
Jeannette Mueller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/03
Date

314-569-1977
Daytime Phone #

CR2E034 (10/02)