

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90198 047 \*\*\*150.00

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**DOCUMENT # F02000006283**

**1. Entity Name**  
**RMG-HCR ARGENT, INC.**



**Principal Place of Business**  
**3500 W. PETERSON AVE.**  
**SUITE 400**  
**CHICAGO IL 60659**

**Mailing Address**  
~~4450 RIVER GREEN PKWY STE. 200~~  
~~DULUTH GA 30096~~

**2. Principal Place of Business**

**3. Mailing Address**

**2675 Breckinridge Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Duluth, GA**

Zip

Country

Zip

Country

**30096**

**U.S.**

**4. FEI Number**

**36-4288288**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**



**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** \_\_\_\_\_ (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**

|   |  |
|---|--|
| <b>TITLE</b><br><b>A</b>                                      | <b>D</b> <input type="checkbox"/> Delete   |
| <b>NAME</b><br><b>CUNNINGHAM, DENNIS</b>                      |  |
| <b>STREET ADDRESS</b><br><b>4450 RIVER GREEN PKWY STE 200</b> |  |
| <b>CITY-ST-ZIP</b><br><b>DULUTH GA 30096</b>                  |  |
| <b>TITLE</b>  | <input type="checkbox"/> Delete            |
| <b>NAME</b><br><b>CFO</b>                                     |  |
| <b>STREET ADDRESS</b><br><b>CONNOLLY, JOSEPH</b>              |  |
| <b>CITY-ST-ZIP</b><br><b>4450 RIVER GREEN PKWY STE 200</b>    |  |
| <b>TITLE</b>  | <input type="checkbox"/> Delete            |
| <b>NAME</b><br><b>S</b>                                       |  |
| <b>STREET ADDRESS</b><br><b>GWYN-HEUSEL, ALICE</b>            |  |
| <b>CITY-ST-ZIP</b><br><b>4450 RIVER GREEN PKWY STE 200</b>    |  |
| <b>TITLE</b>  | <input type="checkbox"/> Delete            |
| <b>NAME</b><br><b>S</b>                                       |  |
| <b>STREET ADDRESS</b><br><b>GWYN-HEUSEL, ALICE</b>            |  |
| <b>CITY-ST-ZIP</b><br><b>3500 W. PETERSON AVE.</b>            |  |
| <b>TITLE</b>  | <input checked="" type="checkbox"/> Delete |
| <b>NAME</b><br><b>D</b>                                       |  |
| <b>STREET ADDRESS</b><br><b>RAUNER, BRUCE V</b>               |  |
| <b>CITY-ST-ZIP</b><br><b>6100 SEARS TOWER 61ST FL.</b>        |  |
| <b>TITLE</b>  | <input type="checkbox"/> Delete            |
| <b>NAME</b><br><b>D</b>                                       |  |
| <b>STREET ADDRESS</b><br><b>NOLAN, JOE</b>                    |  |
| <b>CITY-ST-ZIP</b><br><b>6100 SEARS TOWER 61ST FL.</b>        |  |
| <b>TITLE</b>  | <input type="checkbox"/> Delete            |
| <b>NAME</b><br><b>D</b>                                       |  |
| <b>STREET ADDRESS</b><br><b>NOLAN, JOE</b>                    |  |
| <b>CITY-ST-ZIP</b><br><b>6100 SEARS TOWER 61ST FL.</b>        |  |

|  |  |
|--|--|
| <b>TITLE</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>  |  |
| <b>STREET ADDRESS</b>  |  |
| <b>CITY-ST-ZIP</b>   |  |
| <b>TITLE</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>  |  |
| <b>STREET ADDRESS</b>  |  |
| <b>CITY-ST-ZIP</b>   |  |
| <b>TITLE</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b><br><b>President</b>                              |  |
| <b>STREET ADDRESS</b><br><b>William Bull</b>                 |  |
| <b>CITY-ST-ZIP</b><br><b>3500 W. Peterson Ave., Ste. 400</b> |  |
| <b>TITLE</b>   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>NAME</b><br><b>Director</b>                               |  |
| <b>STREET ADDRESS</b><br><b>Craig Bandy</b>                  |  |
| <b>CITY-ST-ZIP</b><br><b>6100 Sears Tower 61st Fl.</b>       |  |
| <b>TITLE</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>  |  |
| <b>STREET ADDRESS</b>  |  |
| <b>CITY-ST-ZIP</b>   |  |

**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:** SI [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/03** **(770) 925-5000**  
Date Date/Phone #

CR2E034 (10/02)