

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F92000000867

1. Entity Name
LUNT REALTY AND INVESTMENT CORPORATION

Principal Place of Business
6900 MCCORMICK BLVD.
LINCOLNWOOD IL 60645

Mailing Address
6900 MCCORMICK BLVD.
LINCOLNWOOD IL 60645

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number 36-6063787 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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST
STE 105
TALLAHASSEE FL 32301

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 title if applicable. (NOTE: Registered Agent signature required when reinstating))

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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. \$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-ST-ZIP	P GROSSINGER, IRWIN 6900 MCCORMICK BOULEVARD LINCOLNWOOD IL 60645	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GROSSINGER, SHARON B 6900 MCCORMICK BOULEVARD LINCOLNWOOD IL 60645	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHILLER, CAROLINE G 6900 MCCORMICK BOULEVARD LINCOLNWOOD IL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GROSSINGER, GARY 6900 MCCORMICK BOULEVARD LINCOLNWOOD IL 60645	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOULD, SUZANNE G 6900 MCCORMICK BOULEVARD LINCOLNWOOD IL 60645	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHILLER, CAROLINE G. 6900 MCCORMICK BOULEVARD LINCOLNWOOD IL	<input checked="" type="checkbox"/> Delete	TITLE 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.		TREASURER STEVEN MORGENSEN 6900 MCCORMICK BLVD LINCOLNWOOD IL 60712	

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-01

847-745-4215

Date Daytime Phone #

050792

CR2E034 (10/00)