

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000000394

1. Entity Name

THE VAULT COMPANY OF GEORGIA

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90214 004 ***150.00

Principal Place of Business

Mailing Address

400 N. MICHIGAN AVENUE
SUITE 610
CHICAGO IL 60611
US

400 N. MICHIGAN AVENUE
SUITE 610
CHICAGO IL 60611
US

7 5 5 6 4 1



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 58-1393207

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

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.

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 VP
NAME HOLLMAN, DOUGLAS A
STREET ADDRESS 6111 LIVE OAK PARKWAY
CITY-ST-ZIP NORCROSS GA 30093 ☐ Delete

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

TITLE PD
NAME HARPER, RONALD J.
STREET ADDRESS 6111 LIVE OAK PARKWAY
CITY-ST-ZIP NORCROSS GA 30093 ☒ Delete

TITLE CEO/D
NAME GERARD LECHMANN
STREET ADDRESS 400 N MICHIGAN AVENUE #610
CITY-ST-ZIP CHICAGO, IL 60611 ☐ Change ☒ Addition

TITLE VEOD
NAME ANDERSON, ROBERT J.
STREET ADDRESS 400 N. MICHIGAN AVENUE
CITY-ST-ZIP CHICAGO IL 60611 ☒ Delete

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

TITLE STD
NAME WEBSTER, DAVID J.
STREET ADDRESS 400 N. MICHIGAN AVENUE
CITY-ST-ZIP CHICAGO IL 60611 ☐ Delete

TITLE S/T/V/D
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID WEBSTER

Date

(312)836-0200

Daytime Phone #

CR2E034 (10/00)