

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/11/2003-90224-018-\$150.00-\$150.00


FILED

03 APR 25 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # F93000000764	
1. Entity Name GUILFORD COMPANY, INC.	

Principal Place of Business ATTN: L. CURRIE TWO N. RIVERSIDE PLAZA, SUITE 400 CHICAGO IL 60606	Mailing Address ATTN: L. CURRIE TWO N. RIVERSIDE PLAZA, SUITE 400 CHICAGO IL 60606
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2. Principal Place of Business 6954 Americana Parkway Suite, Apt. #, etc.	3. Mailing Address 6954 Americana Parkway Suite, Apt. #, etc.
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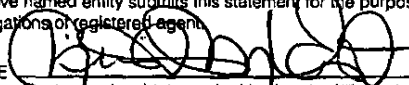
City & State Reynoldsburg, OH	City & State Reynoldsburg, OH
Zip 43068	Country USA

4. FEI Number 63-0776574	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
LEXIS DOCUMENT SERVICES, INC. 3953 W.W. KELLEY ROAD TALLAHASSEE FL 32311	

7. Name and Address of New Registered Agent	
Name: <u>CT Corporation System</u>	
Street Address (P.O. Box Number is Not Acceptable): <u>12005 Pine Island Rd</u>	
City: <u>Plantation</u>	FL <u>33324</u>

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: 	Assistant Secretary <u>Christine M. Easton</u> DATE: <u>4/24/03</u>

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D STROHM, BRUCE TWO N. RIVERSIDE PLAZA, SUITE 400 CHICAGO IL 60606	
D NEITHERCUT, DAVID TWO N. RIVERSIDE PLAZA, SUITE 400 CHICAGO IL 60606	<input type="checkbox"/> Delete
D SPECTOR, GERRY TWO N. RIVERSIDE PLAZA, SUITE 400 CHICAGO IL 60606	<input type="checkbox"/> Delete
S CURRIE, LISA TWO N. RIVERSIDE PLAZA, SUITE 400 CHICAGO IL 60606	<input checked="" type="checkbox"/> Delete
T SPECTOR, GERRY TWO N. RIVERSIDE PLAZA, SUITE 400 CHICAGO IL 60606	<input type="checkbox"/> Delete
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
S BARBARA SHUMAN TWO N. RIVERSIDE PLAZA CHGO, IL 60606	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> 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 addressee, with all other like empowered.	
SIGNATURE: <u>Barbara Shuman</u>	<u>3/24/03</u> <u>312-474-1320</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

SECRETARY

CR2E034 (10/02)