2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 1. Entity Name Blunt, Ellis & Loewi, Inc. FILED 00 JUL 26 PM 1: 49 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE FLORIDA 2. Principal Place of Business 3. Mailing Address <u>c/o Corporation Service Compa</u>ny 77 W. Wacker Drive Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 1201 Hays Street, Suite 105 Applied For 4. FEI Number City & State City & State 36-3858558 Not Applicable Tallahassee, FL Chicago, IL Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 32301 US 60601 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Corporation Service Comapny Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Tallahassee, Fl 32301 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOWILL FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so: After MAY 1: 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. VTD Addition TITLE TITLE ☐ Delete NAME NAME Arthur J. McGivern STREET ADDRESS STREET ADDRESS 77 W. Wacker Drive CITY-ST-7IP CITY-ST-ZIP Chicago, IL 60601 Addition ☐ Change ☐ Delete TITLE TITLE NAME Kenneth A. Koranda NAME STREET ADDRESS STREET ADDRESS 77 W. Wacker Drive CITY-ST-ZIP CITY-ST-ZIP Chicago, IL <u>6060</u>1 ☐ Change TITLE Addition ☐ Delete TITLE. NAME NAME 800003336688 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OLD/ ST ZIP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS Lanca Annaess CITY-ST-ZIP ST ZIP Change ■ Addition TITLE ☐ Delete NAME STREET ADDRESS and a summer was CITY-ST-ZIP ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS andress CITY-ST-ZIP ST-ZIP 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 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 Experimental reports. changed, or on an attachment with an address, with all other like emp

CR2E034 (9/99)

Paytime Phone #

Kenneth A. Koranda



July 25, 2000

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Attention: Annual Report Department

Re: Blunt, Ellis & Loewi, Inc. FEI Number 36-3858558

Following-up on a telephone conversation regarding the above referenced file please let this letter serve notice that our office did not receive a first notice due for the 2000 Uniform Business Report. As a result of this notice not being received, and as instructed by your office, we are instructing our registered agent to only pay the \$150.00 filing fee on our behalf, as opposed to the \$550.00 fee that would normally be due after May 1, 2000.

Thank you for your assistance and should you have any questions, please feel free to contact me at 215-786-7421.

Sincerely

William H. Schwartz

Assistant Vice President & Assistant

Secretary





ACCOUNT NO. : 072100000032

REFERENCE 776611 7170545

AUTHORIZATION

COST LIMIT \$ 150.00

ORDER DATE: July 26, 2000

ORDER TIME: 10:59 AM

ORDER NO. : 776611-005

CUSTOMER NO: 7170545

CUSTOMER: Mr. William H. Schwartz

First Union Corporation Legal Dept. Pa 4840 1339 Chestnut Street Philadelphia, PA 19107

ANNUAL REPORT FILING

NAME: BLUNT, ELLIS & LOEWI, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS: