

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90044 049 ***150.00

DOCUMENT # F93000004437

1. Entity Name
CCH LEGAL INFORMATION SERVICES, INC.



Principal Place of Business
**111 8TH AVE. 13TH FLR
NEW YORK NY**

Mailing Address
**161 N CLARK ST
48TH FLOOR - LEGAL
CHICAGO IL 60601
US**

90005802



☐ CHECK HERE IF MAKING CHANGES

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|--|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 13-3595718 | | Applied For <input type="checkbox"/> Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| City & State | | City & State | | | | | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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 | | | |
|----------------------------|---------------------------------|--|--|---|------------------------------|--|--|
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | YARRINGTON, HUGH J | | | NAME | 530 wald nut street | | |
| STREET ADDRESS | 161 N CLARK ST | | | STREET ADDRESS | Philadelphia PA 19106 | | |
| CITY-ST-ZIP | CHICAGO IL 60601 | | | CITY-ST-ZIP | | | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete | | TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | CARTWRIGHT, CHRISTOPHER | | | NAME | Eugene Landoe | | |
| STREET ADDRESS | 111 8TH AVE | | | STREET ADDRESS | 111 Eighth Ave | | |
| CITY-ST-ZIP | NEW YORK NY 10011 | | | CITY-ST-ZIP | New York NY 10011 | | |
| TITLE | ST | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LENZ, BRUCE C | | | NAME | | | |
| STREET ADDRESS | 161 N CLARK ST | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | CHICAGO IL 60601 | | | CITY-ST-ZIP | | | |
| TITLE | AS | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GORDON, DALE C | | | NAME | | | |
| STREET ADDRESS | 161 N CLARK ST | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | CHICAGO IL 60601 | | | CITY-ST-ZIP | | | |
| TITLE | V | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | D'AVANZO, JOSEPH | | | NAME | | | |
| STREET ADDRESS | 111 8TH AVE, 13TH FLR | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | NEW YORK NY 10011 | | | CITY-ST-ZIP | | | |
| TITLE | AT | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HEALY, PETER F | | | NAME | | | |
| STREET ADDRESS | 161 N CLARK ST, STE 4800 | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | CHICAGO IL 60601 | | | CITY-ST-ZIP | | | |

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: *[Signature]* **SIGNATURE REQUIRED** **Dale C Gordon** **1/16/03 312425 7045**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)