

2000 UNIFORM BUSINESS REPORT (UBR)

0552362

DOCUMENT # F93000004637

1. Entity Name

USC SUBSIDIARY, INC.

FILED

00 FEB -4 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

900 N. MICHIGAN AVE.
CHICAGO IL 60611

900 N. MICHIGAN AVE.
CHICAGO IL 60611-1542



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 36-3912080

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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, 2000 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
PCED
DOMINSKI, MATTHEW S
900 N. MICHIGAN AVE.
CHICAGO IL 60611 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200003136632-9
-02/15/00-01122-018
****150.00 ****150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVP
CZECH, JAMES L
900 N. MICHIGAN AVE.
CHICAGO IL 60611 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Neil G. Blum
900 n. Michigan Ave.
Chicago IL 60611 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVGS
HILBORN, MICHAEL
900 N. MICHIGAN AVE.
CHICAGO IL 60611 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TCFO
METZ, ADAM S
900 N. MICHIGAN AVE.
CHICAGO IL 60611 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TCFO EVP
Adam S Metz
900 n. Michigan Ave.
Chicago IL 60611 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVAS
ZASLAVSKY, DENNIS
900 N. MICHIGAN AVE.
CHICAGO IL 60611 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
KIM SCHWARTZ
900 N. MICHIGAN AVE.
CHICAGO IL 60611 ☐ Delete

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

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:

Kim Schwartz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-00

Date

(312) 915-1931

Daytime Phone #

CR2E034 (9/99)