

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90468 008 \*\*\*150.00

**DOCUMENT # F93000004756**

1. Entity Name

**BRAUVIN, INC.**

Principal Place of Business

Mailing Address

**30 NORTH LASALLE STREET  
 SUITE 3100  
 CHICAGO IL 60602  
 US**

**30 NORTH LASALLE STREET  
 SUITE 3100  
 CHICAGO IL 60602  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**36-3238049**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION INFORMATION SERVICES, INC.  
 1201 HAYS ST.  
 TALLAHASSEE FL 32301**

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	DP	<input type="checkbox"/> Delete
NAME	<b>BRAULT, JEROME J</b>	
STREET ADDRESS	<b>30 N. LASALLE STREET, SUITE 3100</b>	
CITY-ST-ZIP	<b>CHICAGO IL 60602</b>	
TITLE	SVPD	<input type="checkbox"/> Delete
NAME	<b>BRAULT, JAMES L</b>	
STREET ADDRESS	<b>30 N. LASALLE STREET, SUITE 3100</b>	
CITY-ST-ZIP	<b>CHICAGO IL 60602</b>	
TITLE	T	<input type="checkbox"/> Delete
NAME	<b>MURPHY, THOMAS E</b>	
STREET ADDRESS	<b>30 N. LASALLE STREET, SUITE 3100</b>	
CITY-ST-ZIP	<b>CHICAGO IL 60602</b>	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** BrauvIn, Inc. As Its Executive Vice President- James L. Brault

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/27/00**  
 Daytime Phone #

CR2E034 (9/99)