

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F93000005920**

1. Entity Name

GRAND EAGLE SERVICES INC.**FILED**
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90050 029 ***150.00

Principal Place of Business

800 NAVE ROAD SE
MASSILLON OH 44646
US

Mailing Address

130 E. RANDOLPH DR.
STE. 2900
CHICAGO IL 60601**915472**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

130 E. Randolph Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite 2900

City & State

Chicago, IL

City & State

4. FEI Number **23-2745794**

Applied For

Not Applicable

Zip

60601

Country

USA

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVE.
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PC	<input checked="" type="checkbox"/> Delete
NAME	ENGSTED, CHRISTIAN	
STREET ADDRESS	650 ACKERMAN RD	
CITY-ST-ZIP	COLUMBUS OH 43202	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HARRIS, DOT	
STREET ADDRESS	4675 GRANITE DR	
CITY-ST-ZIP	TUCKER GA 30084	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	KWIGER, DAVID	
STREET ADDRESS	800 NAVE RD. SE	
CITY-ST-ZIP	MASSILLON OH 44646	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RYDER, H. THOMAS	
STREET ADDRESS	209 PROGRESS DRIVE	
CITY-ST-ZIP	MONTGOMERYVILLE PA 18936	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	TATE, JOSEPH	
STREET ADDRESS	5311 COMMERCE PKWY WEST	
CITY-ST-ZIP	CLEVELAND OH 44130	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peter Muldowney	
STREET ADDRESS	130 E. Randolph Dr., Suite 2900	
CITY-ST-ZIP	Chicago, IL 60601	
TITLE	VT5	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sherrill S. Speers	
STREET ADDRESS	130 E. Randolph Dr., Suite 2900	
CITY-ST-ZIP	Chicago, IL 60601	
TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lori S. Pelinski	
STREET ADDRESS	130 E. Randolph Dr., Suite 2900	
CITY-ST-ZIP	Chicago, IL 60601	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Timothy R. Kelleher	
STREET ADDRESS	540 Madison Ave.	
CITY-ST-ZIP	New York, NY 10022	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frank J. Pachos	
STREET ADDRESS	540 Madison Ave.	
CITY-ST-ZIP	New York, NY 10022	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John D. Nichols	
STREET ADDRESS	130 E. Randolph Dr., Suite 2900	
CITY-ST-ZIP	Chicago, IL 60601	

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: Lori S. Pelinski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LORI S. PELINSKI

Date

1/18/01

Daytime Phone #

312-228-4400

CR2E034 (10/00)