

2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90931 024 \*\*\*150.00

**DOCUMENT # F94000001486**  
 1. Entity Name

✓

**THE AUTO CONDUIT CORPORATION**

Principal Place of Business	Mailing Address
123 N. WACKER DRIVE CHICAGO, ILLINOIS 60680	P.O. BOX 8264 CHICAGO, IL 60680-8264

C0058610

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number	Applied For
Zip	Country	Zip	Country
		36-3852675	Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM**  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324

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 State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P/D	<input checked="" type="checkbox"/> Delete
NAME	ZITIN, GILBERT N	
STREET ADDRESS	123 N. WACKER DRIVE	
CITY - ST - ZIP	CHICAGO, ILLINOIS 60680	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEDVIN, HARVEY N	
STREET ADDRESS	123 N. WACKER DRIVE	
CITY - ST - ZIP	CHICAGO, ILLINOIS 60680	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MEHTA, ZARIN	
STREET ADDRESS	123 N. WACKER DRIVE	
CITY - ST - ZIP	CHICAGO, ILLINOIS 60680	
TITLE	V	<input type="checkbox"/> Delete
NAME	BAER, JEROME I	
STREET ADDRESS	123 N. WACKER DRIVE	
CITY - ST - ZIP	CHICAGO, ILLINOIS 60680	
TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	LUBOW, BURTON	
STREET ADDRESS	123 N. WACKER DRIVE	
CITY - ST - ZIP	CHICAGO, ILLINOIS 60680	
TITLE	V/S	<input type="checkbox"/> Delete
NAME	SPARER, WILLIAM J	
STREET ADDRESS	123 N. WACKER DRIVE	
CITY - ST - ZIP	CHICAGO, ILLINOIS 60680	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLE, DAVID L.	
STREET ADDRESS	123 N. WACKER DRIVE	
CITY - ST - ZIP	CHICAGO, ILLINOIS 60680	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAUFFMANN, WELZ	
STREET ADDRESS	123 N. WACKER DRIVE	
CITY - ST - ZIP	CHICAGO, ILLINOIS 60680	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AIGOTTI, DIANE	
STREET ADDRESS	123 N. WACKER DRIVE	
CITY - ST - ZIP	CHICAGO, ILLINOIS 60680	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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: Jerome I Baer JEROME I. BAER VP-TAXES 4/19/01 312-701-3600  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)