

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90079 022 ***150.00

DOCUMENT # F94000001486

1. Entity Name

THE AUTO CONDUIT CORPORATION

Principal Place of Business

**123 NORTH WACKER DR.
 26TH FLOOR
 CHICAGO IL 60606
 US**

Mailing Address

**P.O. BOX 8264
 CHICAGO IL 60680
 US**

2. Principal Place of Business

200 E. RANDOLPH DR.

TAX DEPT, 4TH FL.

CHICAGO, IL

Zip 60601

Country USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

36-3852675

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH 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, 2002 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **COLE, DAVID L**
 CITY-ST-ZIP **123 NORTH WACKER DR.
 CHICAGO IL 60680**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MEDVIN, HARVEY N**
 CITY-ST-ZIP **123 NORTH WACKER DR.
 CHICAGO IL 60606**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **KAUFFMANN, WELZ**
 CITY-ST-ZIP **123 NORTH WACKER DR.
 CHICAGO IL 60680**

TITLE ☐ Delete
 NAME **VS**
 STREET ADDRESS **SPARER, WILLIAM J**
 CITY-ST-ZIP **123 NORTH WACKER DR.
 CHICAGO IL 60606**

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **AIGOTTI, DIANE**
 CITY-ST-ZIP **123 NORTH WACKER DR.
 CHICAGO IL 60680**

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **BAER, JEROME I**
 CITY-ST-ZIP **123 NORTH WACKER DR.
 CHICAGO IL**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **COLE, DAVID L.**
 CITY-ST-ZIP **200 E. Randolph Dr., Chicago, IL 60601**

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **MEDVIN, HARVEY N.**
 CITY-ST-ZIP **200 E. Randolph Dr., Chicago, IL 60601**

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **KAUFFMANN, WELZ**
 CITY-ST-ZIP **200 E. Randolph Dr., Chicago, IL 60601**

TITLE ☒ Change ☐ Addition
 NAME **VS**
 STREET ADDRESS **SPARER, WILLIAM J.**
 CITY-ST-ZIP **200 E. Randolph Dr., Chicago, IL 60601**

TITLE ☒ Change ☐ Addition
 NAME **T**
 STREET ADDRESS **AIGOTTI, DIANE**
 CITY-ST-ZIP **200 E. Randolph Dr., Chicago, IL 60601**

TITLE ☒ Change ☐ Addition
 NAME **V**
 STREET ADDRESS **BAER, JEROME I**
 CITY-ST-ZIP **200 E. Randolph Dr., 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/02 312-381-3273

CR2E034 (9/01)