

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90091 014 ***150.00

DOCUMENT # F94000001754

1. Entity Name

THOMAS F. SEAY AND ASSOCIATES LTD., INC.

Principal Place of Business

Mailing Address

1901 N ROSELLE RD
 STE 560
 SCHAUMBURG IL 60195
 US

1901 N ROSELLE RD
 STE 560
 SCHAUMBURG IL 60195-3183
 US

2. Principal Place of Business

3. Mailing Address

740 Industrial Dr.
 Suite, Apt. #, etc.
Upper Office

P.O. Box 3584
 Suite, Apt. #, etc.

City & State
CARY IL

City & State
BARRINGTON IL

Zip
60013

Country
USA

Zip
60011

Country
USA

4. FEI Number **36-2736082**

Applied For
 Not Applicable

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

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PDS
DODGE III, CHARLES H
~~1901 N ROSELLE RD STE 560~~
~~SCHAUMBURG IL 60195~~ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
P.O. Box 3584
BARRINGTON, IL 60011 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
CDT
DODGE, SANDRA S
~~1901 N ROSELLE RD STE 560~~
~~SCHAUMBURG IL 60195~~ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
P.O. Box 3584
BARRINGTON, IL 60011 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP Delete

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 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES H. DODGE III

01/20/00

Date

(847) 462-1902

Daytime Phone #

CR2E034 (9/99)