

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90358 033 ***150.00

DOCUMENT # F94000002491

1. Entity Name

ROLF JENSEN & ASSOCIATES, INC.

Principal Place of Business

**3504 LAKE LYNDA DRIVE, #110
ORLANDO FL 32817
US**

Mailing Address

**549 W. RANDOLPH ST., 5TH FLOOR
CHICAGO IL 60661
US****80071467**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-2667776

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCEO** ☐ Delete
NAME **REISS, MARTIN H**
STREET ADDRESS **1661 WORCHESTER RD, STE. 501**
CITY-ST-ZIP **FRAMINGHAM MA 01701-5401**TITLE **SVP/D** ☐ Change ☒ Addition
NAME **ROBERT A. LIBBY**
STREET ADDRESS **1324 15TH STREET**
CITY-ST-ZIP **DENVER CO 80202-1606**TITLE **SVPD** ☐ Delete
NAME **TUCKER, RANDOLPH W**
STREET ADDRESS **13831 NORTHWEST FREEWAY, STE. 330**
CITY-ST-ZIP **HOUSTON TX 77040-5215**TITLE **VP** ☐ Change ☒ Addition
NAME **WARREN L. JENSEN**
STREET ADDRESS **549 W. RANDOLPH STREET, 5TH FLOOR**
CITY-ST-ZIP **CHICAGO IL 60661**TITLE **SVPD** ☐ Delete
NAME **GRILL, RAYMOND A**
STREET ADDRESS **3040 WILLIAMS DR., STE. 400**
CITY-ST-ZIP **FAIRFAX VA 22031-4612**TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE **SVPD** ☐ Delete
NAME **BROWN, THOMAS C**
STREET ADDRESS **3040 WILLIAMS DRIVE STE 400**
CITY-ST-ZIP **FAIRFAX VA 22031-4612**TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE **SVP** ☐ Delete
NAME **TOTH, GEORGE E**
STREET ADDRESS **549 W. RANDOLPH ST., 5TH FLOOR**
CITY-ST-ZIP **CHICAGO IL 60661**TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE **SVPS** ☐ Delete
NAME **TRANSUE, RALPH E**
STREET ADDRESS **549 W. RANDOLPH ST., 5TH FLOOR**
CITY-ST-ZIP **CHICAGO IL 60661**TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**April 8, 2002**
Date**312-831-8200**
Daytime Phone #

CR2E034 (9/01)