

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002609

1. Entity Name

CAPITAL ASSOCIATES ACQUISITION, INC.

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90003 046 ***150.00

Principal Place of Business 1201 NORTH CLARK STREET #300 CHICAGO IL 60610 US	Mailing Address 1201 NORTH CLARK STREET #300 CHICAGO IL 60610 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3930541	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CT 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 _____ (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	
TITLE	C <input type="checkbox"/> Delete
NAME	MCKAY, TERRY A
STREET ADDRESS	1201 N. CLARK ST., S-300
CITY-ST-ZIP	CHICAGO IL 60610
TITLE	P <input type="checkbox"/> Delete
NAME	ROSENBERG, THOMAS B
STREET ADDRESS	1201 N. CLARK ST., SUITE 300
CITY-ST-ZIP	CHICAGO IL 60610
TITLE	V <input type="checkbox"/> Delete
NAME	KUPFERBERG, SCOTT M
STREET ADDRESS	1201 N. CLARK ST., S-300
CITY-ST-ZIP	CHICAGO IL 60610
TITLE	ST <input type="checkbox"/> Delete
NAME	METZGER, JOHN P
STREET ADDRESS	1201 N. CLARK ST., S-300
CITY-ST-ZIP	CHICAGO IL 60610
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	
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	
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: _____

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/00 (312) 335-2600
Date Daytime Phone #

CR2E034 (9/99)