

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90224 042 \*\*\*150.00

**DOCUMENT # F94000002609****1. Entity Name****CAPITAL ASSOCIATES ACQUISITION, INC.****Principal Place of Business****1201 NORTH CLARK STREET #300  
CHICAGO IL 60610  
US****Mailing Address****1201 NORTH CLARK STREET #300  
CHICAGO IL 60610  
US****2. Principal Place of Business**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**4. FEI Number 36-3930541**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐**\$8.75 Additional  
Fees Required****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**

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** **C** ☐ Delete  
**NAME** **MCKAY, TERRY A**  
**STREET ADDRESS** **1201 N. CLARK ST., S-300**  
**CITY-ST-ZIP** **CHICAGO IL 60610****TITLE** **P** ☐ Delete  
**NAME** **ROSENBERG, THOMAS B**  
**STREET ADDRESS** **1201 N. CLARK ST., SUITE 300**  
**CITY-ST-ZIP** **CHICAGO IL 60610****TITLE** **V** ☐ Delete  
**NAME** **KUPFERBERG, SCOTT M**  
**STREET ADDRESS** **1201 N. CLARK ST., S-300**  
**CITY-ST-ZIP** **CHICAGO IL 60610****TITLE** **ST** ☐ Delete  
**NAME** **METZGER, JOHN P**  
**STREET ADDRESS** **1201 N. CLARK ST., S-300**  
**CITY-ST-ZIP** **CHICAGO IL 60610****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
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**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Scott Kupferberg March 23, 2001 (312) 335-2600**

Date

Daytime Phone #

CR2E034 (10/00)