

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90139 050 ***150.00

DOCUMENT # F94000004752

1. Entity Name

BF USB, INC.

Principal Place of Business

**1780 BURNS AVENUE
 ST LOUIS MO 63101**

Mailing Address

**405 THE WEST MALL
 SUITE 1000
 TORONTO, ONTARIO M9C-5J1**

2. Principal Place of Business

400 QUADRANGLE DRIVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE A

City & State

BOLINGBROOK, ILLINOIS

Zip

Country

60440

USA

Zip

Country

4. FEI Number

43-1688835

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

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 **PD** ☐ Delete
 NAME **MELILLO, NICOLA NICOLA** **STE. A**
 STREET ADDRESS **2070 MAPLE STREET 400 QUADRANGLE DRIVE**
 CITY-ST-ZIP **DES PLAINES IL 60018 BOLINGBROOK, ILL. 60440**

TITLE **VT** ☒ Delete
 NAME **QUINTILIANI, PETER C**
 STREET ADDRESS **405 THE WEST MALL, SUITE 1000**
 CITY-ST-ZIP **TORONTO, ONTARIO M9C-5J1**

TITLE **V** ☒ Delete
 NAME **KINDON, RAYMOND** **GEORGE CHI**
 STREET ADDRESS **135 ONTONABEE DRIVE**
 CITY-ST-ZIP **KITCHENER ON K2G-4J3**

TITLE **AT** ☒ Delete
 NAME **WAITE, DOUGLAS**
 STREET ADDRESS **405 THE WEST MALL, SUITE 1000**
 CITY-ST-ZIP **TORONTO, ONTARIO M9C 4Z4 M9C-5J1**

TITLE **S** ☒ Delete
 NAME **FERRARO, PETER L**
 STREET ADDRESS **405 THE WEST MALL, SUITE 1000**
 CITY-ST-ZIP **TORONTO ON M9C-5J1**

TITLE **AS** ☐ Delete
 NAME **TANNON, JAY M**
 STREET ADDRESS **3200 PROVIDIAN CENTER, 30TH FLOOR**
 CITY-ST-ZIP **LOUISVILLE KY 40202**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **FAUSTO, TONNA**
 STREET ADDRESS **VIA O GRASSI, 22/26 COLLECCHIO ITALY**
 CITY-ST-ZIP **43044**

TITLE **DIRECTOR AND CHAIRMAN** ☐ Change ☒ Addition
 NAME **ROBERT CORTESE**
 STREET ADDRESS **VIA O GRASSI, 22/26 COLLECCHIO ITALY**
 CITY-ST-ZIP **43044**

TITLE **PRESIDENT & CEO** ☐ Change ☒ Addition
 NAME **GEORGE CHIVARI**
 STREET ADDRESS **400 QUADRANGLE DRIVE, STE. A. BOLINGBROOK**
 CITY-ST-ZIP **ILLINOIS 60440**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **MICHAEL T. ROSICKI**
 STREET ADDRESS **405 THE WEST MALL, SUITE 1000**
 CITY-ST-ZIP **ETOBICOKE, ON M9C 5J1**

TITLE **SENIOR VICE PRESIDENT** ☐ Change ☒ Addition
 NAME **PETER LOWES**
 STREET ADDRESS **400 QUADRANGLE DRIVE, STE. A. BOLINGBROOK**
 CITY-ST-ZIP **ILLINOIS 60440**

TITLE **ASSISTANT SECRETARY** ☐ Change ☒ Addition
 NAME **PAUL ROBERTS**
 STREET ADDRESS **405 THE WEST MALL, SUITE 1000**
 CITY-ST-ZIP **ETOBICOKE, ON M9C 5J1**

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:

Paul Roberts **PAUL ROBERTS**

April 26, 2002

416-620-3087

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/01)