

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 27, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # F94000005636**

1. Entity Name  
**GALCORP INC. OF ILLINOIS**

Principal Place of Business 825 E. ROOSEVELT RD. SUITE 192 LOMBARD IL 60148	Mailing Address 825 E. ROOSEVELT RD. SUITE 192 LOMBARD IL 60148
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2. Principal Place of Business 771 PARKSIDE CIRCLE N.	3. Mailing Address 771 PARKSIDE CIRCLE N.
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State BOCA RATON FL	City & State BOCA RATON FL
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4. FEI Number <b>36-2313114</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip 33486	Country US	Zip 33486	Country US
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

GALLAGHER JOHN F  
 771 PARKSIDE CIR., NORTH

BOCA RATON FL  
 33486 US

**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 \_\_\_\_\_ DATE **04/27/2001**

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	D	<input checked="" type="checkbox"/> Delete	
NAME	MORRISSEY WALTER W		
STREET ADDRESS	825 E. ROOSEVELT RD.		
CITY-ST-ZIP	LOMBARD IL 60148		
TITLE	SD	<input type="checkbox"/> Delete	
NAME	LITKE LINDA K		
STREET ADDRESS	825 E. ROOSEVELT RD.		
CITY-ST-ZIP	LOMBARD IL 60148		
TITLE	PTD	<input type="checkbox"/> Delete	
NAME	GALLAGHER JOHN F		
STREET ADDRESS	825 E. ROOSEVELT RD.		
CITY-ST-ZIP	LOMBARD IL 60148		
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	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LITKE LINDA K		
STREET ADDRESS	771 PARKSIDE CIRCLE N.		
CITY-ST-ZIP	BOCA RATON FL 33486		
TITLE	PTD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GALLAGHER JOHN F		
STREET ADDRESS	771PARKSIDE CIRCLE N.		
CITY-ST-ZIP	BOCA RATON FL 33486		
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:** John F. Gallagher P 04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)