

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 |
|--|--|

| | |
|--|--|
| 2. Principal Place of Business 771 PARKSIDE CIRCLE N. | 3. Mailing Address 771 PARKSIDE CIRCLE N. |
|--|--|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

DO NOT WRITE IN THIS SPACE

| | |
|-------------------------------|-------------------------------|
| City & State BOCA RATON FL | City & State BOCA RATON FL |
|-------------------------------|-------------------------------|

| | |
|------------------------------------|--|
| 4. FEI Number 36-2313114 | Applied For <input type="checkbox"/> |
| | Not Applicable <input type="checkbox"/> |

| | | | |
|--------------|---------------|--------------|---------------|
| Zip 33486 | Country US | Zip 33486 | Country US |
|--------------|---------------|--------------|---------------|

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
|--|---------------------------------------|

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 NAME STREET ADDRESS CITY-ST-ZIP | D MORRISSEY WALTER W <input checked="" type="checkbox"/> Delete 825 E. ROOSEVELT RD. LOMBARD IL 60148 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD LITKE LINDA K <input type="checkbox"/> Delete 825 E. ROOSEVELT RD. LOMBARD IL 60148 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD GALLAGHER JOHN F <input type="checkbox"/> Delete 825 E. ROOSEVELT RD. LOMBARD IL 60148 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition SD LITKE LINDA K <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 771 PARKSIDE CIRCLE N. BOCA RATON FL 33486 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD GALLAGHER JOHN F <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 771 PARKSIDE CIRCLE N. BOCA RATON FL 33486 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: John F. Gallagher P 04/27/2001

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

CR2E034 (11/00)