

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90038 027 ***150.00

OFFICIAL AT

DOCUMENT # F94000005715

1. Entity Name
THE PULLMAN COMPANY

Principal Place of Business Mailing Address

500 NORTH FIELD DRIVE **500 NORTH FIELD DRIVE**
LAKE FOREST IL 60045 **ATTN: TAX DEPT.**
LAKE FOREST IL 60045

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **02-0359911** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM Name
1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable)
PLANTATION FL 33324 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FRISSORA, MARK P 25994 EDINBOROUGH CIR PERRYSBURG OH 43551 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS DONAVAN, TIMOTHY R 1310 LONGMEADOW LN LAKE FOREST IL 60045 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO MCCOLLUM, MARK A 411 S. COUNTY LINE RD HINSDALE IL 60521 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS STEWART, KARL A 107 PERKINS ROAD GREENWICH CT 06830 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FREUH, ANNE E 617 WENONAH OAK PARK IL 60304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT NOVAS, PAUL D 1085 ASHLEY RD LAKE FOREST IL 60045 <input type="checkbox"/> Delete	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: _____ DATE: **1/14/02** (847) 482-5170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CP2E034 (9/01)

THE PULLMAN COMPANY

Corporate Street Address: 500 North Field Drive, Lake Forest, IL 60045

Corporate Mailing Address: 500 North Field Drive, Lake Forest, IL 60045

Hatch memo

DOZ #

400005715

All Directors' & Officers' business addresses are the same as corporate street and mailing addresses

DIRECTORS

Name

Address

Social Security #

Mark P. Frissora
57 E. Laurel Avenue, Lake Forest, IL 60045
273-58-1332

OFFICERS

Name

Address

Position

Social Security #

Mark P. Frissora	57 E. Laurel Avenue, Lake Forest, IL 60045	President	273-58-1332
Timothy R. Donovan	1310 Longmeadow Lane, Lake Forest, IL 60045	Vice President and Secretary	288-52-7841
Mark A. McCollum	411 South County Line Road, Hinsdale, IL 60521	Vice President and Chief Financial Officer	456-08-2599
Paul D. Novas	1085 Ashley Road, Lake Forest, IL 60045	Vice President and Treasurer	001-58-2742
Kenneth R. Trammell	1070 Sir William Lane, Lake Forest, IL 60045	Vice President and Controller	460-39-1892
Vincent A. Alspach	705 11th St. Apt. 416, Wilmette, IL 60091	Assistant Secretary	328-48-3215
H. Vincent Draa III	30545 North Brookhaven Dr., Green Oaks, IL 60048	Assistant Secretary	264-29-5677
Anne E. Frueh	617 Wenonah, Oak Park, IL 60304	Assistant Secretary	321-68-9879
Karl A. Stewart	Barton Creek Lakeside, 1305 Majestic Hills Blvd. Spicewood, TX 78669	Assistant Secretary	450-68-4329
Randy Holmes	783 E. Breeze Drive, Lake Villa, IL 60045	Assistant Treasurer	463-21-7302

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