

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000006137 (3)

1. Corporation Name

BUTLER PARTNERS, INC.



Principal Place of Business

Mailing Address

2355 WAUKEGAN ROAD
SUITE A200
BANNOCKBURN IL 60015
US

2355 WAUKEGAN ROAD
SUITE A200
BANNOCKBURN IL 60015
US

3. Date Incorporated or Qualified

12/01/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

36-3984565

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

24

25

Country

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., STE. 105
TALLAHASSEE FL 32301

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

TITLE CPD ☐ DELETE

NAME MEADOR, THOMAS E
STREET ADDRESS 2355 WAUKEGAN ROAD, SUITE A200
CITY-ST-ZIP BANNOCKBURN IL 60015 60015

TITLE EVP ☒ DELETE

NAME WOOD, ALLAN
STREET ADDRESS 2355 WAUKEGAN ROAD, SUITE A200
CITY-ST-ZIP BANNOCKBURN IL

TITLE SV ☐ DELETE

NAME OGLE, JERRY M.
STREET ADDRESS 2355 WAUKEGAN ROAD, SUITE A200
CITY-ST-ZIP BANNOCKBURN IL 60015

TITLE SVP ☐ DELETE

NAME DARRAGH, ALEXANDER J.
STREET ADDRESS 2355 WAUKEGAN ROAD, SUITE A200
CITY-ST-ZIP BANNOCKBURN IL 60015

TITLE SVPT/D ☐ DELETE

NAME PARKER, BRIAN
STREET ADDRESS 2355 WAUKEGAN ROAD, SUITE A200
CITY-ST-ZIP BANNOCKBURN IL 60015

TITLE SVP ☒ DELETE

NAME DUHIG, DANIEL
STREET ADDRESS 2355 WAUKEGAN ROAD, SUITE A200
CITY-ST-ZIP BANNOCKBURN IL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

SVP

1.2 NAME

Lieberman, Alan G.

1.3 STREET ADDRESS

2355 Waukegan Road, Suite A200

1.4 CITY-ST-ZIP

Bannockburn, IL 60015

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

600001792966

-04/24/96--01067--009

***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

JERRY M. OGLE

Vice President and Secretary

847-267-1600

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)