## 2001 UNIFORM BUSINESS REPORT (ปีBR)

Darienne

SIGNATURE AND TYPED OR P

Donovan

## **FILED** Jan 31, 2001 8:00 am Secretary of State DOCUMENT # F95000002537 1. Entity Name **CCLC COMPANY** 01-31-2001 90178 010 \*\*\*150.00 Principal Place of Business Mailing Address 01 CONVENTION CENTER DRIVE 101 CONVENTION CENTER DRIVE SUITE 850 SUITE 850 LAS VEGAS NV 89109 LAS VEGAS NV 89109 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 88-0320808 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -6. Name and Address of Current Registered Agent ~ 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **EVT** TITLE ☐ Delete TITLE President ☐ Change [X] Addition SEXTON, KEVIN W NAME NAME Christopher J. Connolly 101 CONVENTION CENTER DRIVE SUITE 850 STREET ADDRESS STREET ADDRESS 101 Convention Center Dr. Suite 850 CITY-ST-ZIP LAS VEGAS NV 89109 CITY-ST-ZIP Las Vegas, NV 89109 (X) Change ☐ Addition TITLE ☐ Delete TITLE Vice President DONOVAN, DARIENNE J NAME NAME 101 CONVENTION CENTER DRIVE SUITE 850 STREET ADDRESS STREET ADDRESS LAS VEGAS NV 89109 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete V.P. Secretary STEPHENSON, NELSON L NAME NAME Dina L. Penepent 101 CONVENTION CENTER DRIVE SUITE 850 STREET ADDRESS STREET ADDRESS 101 Convention Center Dr. Suite 850 CITY-ST-ZIP LAS VEGAS NV 89109 CITY-ST-ZIP Las Vegas, NV 89109 TITLE ☐ Delete TITI F Change Addition MILLER, MONTE L NAME NAME 101 CONVENTION CENTER DRIVE SUITE 850 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAS VEGAS NV 89109 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MILLER, GLEN NAME 200 WEST MADISON STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHICAGO IL 60606 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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.