

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2001 8:00 am
Secretary of State

08-20-2001 90073 017 ***550.00

DOCUMENT # F95000002679

1. Entity Name

BROOK FURNITURE RENTAL, INC.

Principal Place of Business

2015 DIRECTORS ROW
 ORLANDO FL 32809

Mailing Address

2851 ALLAN DRIVE
 ELK GROVE VILLAGE IL 60007

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

100 FIELD DR., SUITE 220

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

LAKE FOREST, IL

4. FEI Number

36-3008756

Applied For

Not Applicable

Zip

Country

Zip

60045

Country

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
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 P
 NAME CRAWFORD, ROBERT W
 STREET ADDRESS 2301 EAST OAKTON
 CITY-ST-ZIP ARLINGTON HEIGHTS IL 60005 ☐ Delete

TITLE VP
 NAME PETERSON, THOMAS S
 STREET ADDRESS 2301 EAST OAKTON STREET
 CITY-ST-ZIP ARLINGTON HEIGHTS IL 60005 ☒ Delete

TITLE S
 NAME CRAWFORD, WINIFRED G
 STREET ADDRESS 2301 EAST OAKTON
 CITY-ST-ZIP ARLINGTON HEIGHTS IL 60005 ☐ Delete

TITLE VP
 NAME MUCHOWSKI, PHILIP A
 STREET ADDRESS 2651 ALLAN DRIVE
 CITY-ST-ZIP ELK GROVE IL ☐ Delete

TITLE VP
 NAME AUSTIN, PHILIP
 STREET ADDRESS 2199 NORSE DR
 CITY-ST-ZIP PLEASANT HILL CA 94523 ☒ Delete

TITLE AS
 NAME PETERSON, THOMAS S
 STREET ADDRESS 2851 ALLAN DRIVE
 CITY-ST-ZIP ELK GROVE IL ☒ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CHAIRMAN & CEO
 NAME CRAWFORD, ROBERT W
 STREET ADDRESS 100 FIELD DRIVE, SUITE 220
 CITY-ST-ZIP LAKE FOREST, IL 60045 ☒ Change ☐ Addition

TITLE CFO
 NAME SKIP SPILLONE
 STREET ADDRESS 100 FIELD DRIVE, SUITE 220
 CITY-ST-ZIP LAKE FOREST, IL 60045 ☐ Change ☒ Addition

TITLE SECRETARY
 NAME WINIFRED G CRAWFORD
 STREET ADDRESS 100 FIELD DRIVE, SUITE 220
 CITY-ST-ZIP LAKE FOREST, IL 60045 ☒ Change ☐ Addition

TITLE VICE PRESIDENT
 NAME PHILIP A MUCHOWSKI
 STREET ADDRESS 100 FIELD DRIVE, SUITE 220
 CITY-ST-ZIP LAKE FOREST, IL 60045 ☒ Change ☐ Addition

TITLE SR. VICE PRESIDENT
 NAME ED BAIRD
 STREET ADDRESS 2199 NORSE DR.
 CITY-ST-ZIP PLEASANT HILL, CA 94523 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ 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:

Philip A Muchowski
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/01
 Date

Daytime Phone #

CR2E034 (5/01)