

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90008 037 ***150.00

DOCUMENT # F95000005161

1. Corporation Name
UBM, INC.



Principal Place of Business
UBM, INC.
212 WEST VAN BUREN STREET
CHICAGO IL 60607-3908

Mailing Address
UBM, INC.
212 WEST VAN BUREN STREET
CHICAGO IL 60607-3908

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/24/1995

4. FEI Number

36-2824655

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOBLEY, MELVIN
2408 JIMLEE ROAD
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 reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JILES, SANDRA D | 1.2 NAME | MARVIN WILSON |
| STREET ADDRESS | 155 NORTH HARBOR DRIVE, #2903 | 1.3 STREET ADDRESS | 800 S. WELLS APT. 732 |
| CITY-ST-ZIP | CHICAGO IL 60601 | 1.4 CITY-ST-ZIP | CHICAGO, IL. 60607 |
| TITLE | V <input type="checkbox"/> DELETE | 2.1 TITLE | V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SINGH, RAM | 2.2 NAME | ROHIT PATEL |
| STREET ADDRESS | 18 ROLLING HILLS DRIVE | 2.3 STREET ADDRESS | 138 E. WALNUT STREET |
| CITY-ST-ZIP | BARRINGTON HILLS IL 60010 | 2.4 CITY-ST-ZIP | DES PLAINES, IL. 60016 |
| TITLE | SD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DABADGHAO, SHAM | 3.2 NAME | |
| STREET ADDRESS | 4848 NORTH CENTRAL, UNIT 401 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CHICAGO IL 60630 | 3.4 CITY-ST-ZIP | |
| TITLE | CD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KING, PAUL | 4.2 NAME | |
| STREET ADDRESS | 9112 SOUTH CONSTANCE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | CHICAGO IL | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. 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 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)