

2001 UNIFORM BUSINESS REPORT (UBR)

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

03-20-2001 90002 021 ***150.00

0587368

DOCUMENT # F95000005664

1. Entity Name

DOVENMUEHLE FUNDING, INC.

Principal Place of Business

**1501 WOODFIELD ROAD, SUITE 400 EAST
SCHAUMBURG IL 60173**

Mailing Address

**1501 WOODFIELD ROAD, SUITE 400 EAST
SCHAUMBURG IL 60173**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **36-4044831**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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 \$150.00
After MAY 1, 2001 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

TITLE NAME	PCEO MYNATT, WILLIAM A JR	<input type="checkbox"/> Delete
STREET ADDRESS	1501 WOODFIELD ROAD STE. 400 EAST	
CITY-ST-ZIP	SCHAUMBURG IL 60173-4982	
TITLE NAME	S KOHN, RICHARD F	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1501 WOODFIELD ROAD STE. 400 EAST	
CITY-ST-ZIP	SCHAUMBURG IL 60173-4982	
TITLE NAME	TAS FREEMAN, SCOTT M	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1501 WOODFIELD ROAD STE. 400 EAST	
CITY-ST-ZIP	SCHAUMBURG IL 60173-4982	
TITLE NAME	SVP PRZYBYLA, MARY K	<input type="checkbox"/> Delete
STREET ADDRESS	1501 WOODFIELD ROAD STE. 400 EAST	
CITY-ST-ZIP	SCHAUMBURG IL 60173-4982	
TITLE NAME	SVPT CONNELL, WILLIAM J	<input type="checkbox"/> Delete
STREET ADDRESS	1501 WOODFIELD RD STE 400E	
CITY-ST-ZIP	SCHAUMBURG IL 60173	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	Secretary, SVP Ann Duker	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1501 Woodfield Road, 400E	
CITY-ST-ZIP	Schaumburg, IL 60173-4982	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:

Ann Duker

Ann Duker

3/12/01

(847) 619-5852

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)