

# 2001 UNIFORM BUSINESS REPORT (UBR)

0567552

DOCUMENT # F95000005746

1. Entity Name

BSRT WOODCREST OFFICE CORP.

FILED

01 MAY -2 PM 4: 59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 150 S. WACKER DR., #2900 CHICAGO IL 60606	Mailing Address 150 S. WACKER DR., #2900 CHICAGO IL 60606
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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 <b>36-4049832</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LEVINE, LEONARD G</b> <b>150 S. WACKER DR., #2900</b> <b>CHICAGO IL 60606</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>HANSEN, NEIL D</b> <b>150 S. WACKER DR., #2900</b> <b>CHICAGO IL 60606</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS</b> <b>HIGGINS, ROBERT G</b> <b>150 S. WACKER DR., #2900</b> <b>CHICAGO IL 60606</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TAS</b> <b>TEGLIA, JOEL L</b> <b>150 S. WACKER DR., #2900</b> <b>CHICAGO IL 60606</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>SCHMIDT, JAY E.</b> <b>150 S. WACKER DR., #2900</b> <b>CHICAGO IL 60606</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>SWEICA, CHRISTOPHER J.</b> <b>150 S. WACKER DR., #2900</b> <b>CHICAGO IL 60606</b> <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Interim President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>L.G. Schafran</b> <b>150 S. Wacker Dr., #2900</b> <b>Chicago, IL 60606</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Charles V. George</b> <b>150 S. Wacker Dr., #2900</b> <b>Chicago, IL 60606</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP, AS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>400004136654--9</b> <b>-05/04/01--01065028</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>*****150.00 *****150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP, S</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>78</b>

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: Christopher J. Swieca Christopher J. Swieca, VP 4/20/01 312-683-5531

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)