₹2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9600003669

1. Entity Name

BRYSON ASSOCIATES INCORPORATED

Principal Place of Business 123 N WACKER DR

Mailing Address

CHICAGO IL 60606

P.O. BOX 8264 CHICAGO IL 60680

US		
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

FILED
May 03, 2001 8:00 am
Secretary of State
05-03-2001 91097 048 ***150.00



TITLE DP MCDONNELL, DANIEL P DR MCDONNELL, DANIEL P 123 N WACKER DR CITY-51-2P CHICAGO IL 60606 TITLE T HARDY, ARLENE H STREET ADDRESS STREET ADDRESS CITY-51-2P CHICAGO IL 60606 CHICA	Suite, Apt.	#, etc.	Suite, Apr. #, etc.		1	DO NOT WITTE IN IT	IIO OI AGE		
Country Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional rice Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address 7. N	City & State		City & State		4.	FEI Number 23-2085224	 		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 1200 SOUTH PINE ISSAND ROAD PLANTATION FL 33324 City 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, hypertor present rure of registered agent agent, or both, in the State of Florida. SIGNATURE Signature, hypertor present rure of registered agent agent, or both, in the State of Florida. SIGNATURE Signature rure agent signature research agent or both, in the State of Florida. SIGNATURE Signature rure of registered agent, or both, in the State of Florida. SIGNATURE Signature rure agent signature research agent signature research advancementation of the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE SIGNATURE Signature rure of registered agent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature rure of registered agent agent, or both, in the State of Florida. SIGNATURE Signature rure of registered agent, or both, in the State of Florida. SIGNATURE Signature rure of registered agent, or both, in the State of Florida. SIGNATURE rure of registered agent, or both, in the State of Florida. SIGNATURE rure of registered agent, or both, in the State of Florida. SIGNATURE rure of registered agent, or both, in the State of Florida. SIGNATURE rure of registered agent, or both, in the State of Florida. SIGNATURE rure of registered agent, or both, in the State of Florida. SIGNATURE rure of rure rure of registered agent, or both, in the State of Florida. SIGNATURE rure of rure rure of registered agent, or both, in the State of Florida. SIGNATURE rure rure of rure rure rure rure rure rure rure rur		Country	Zin	Country				 	
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B. 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	Plan	NTATION FL 33324	•						
SIGNATURE Signature, special or printed name of replaced agent and title if applicables CNOTE-Registered Apent signature included when rehindrocky) DATE				City		F	Zip Code	8	
SIGNATURE Signature, speed or printed name of registered argent and size it applicables. (NOTE: Registered Agent signature required who reinstation)	8. The above	named entity submits this statement for	the purpose of changing its	registered office or	registered ag	ent, or both, in the State of Florida.	I	167	
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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	indicated of the cor	on this report or supplemental report is reportation or the receiver or trustee empore.	true and accurate and that r wered to execute this report	ny signature shall h as required by Cha	ave the same apter 607, Flor	iegai effect as if made under oath; tha ida Statutes; and that my name appea	ar am an omcer ars in Block 11 o	r Block 12 if	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #