

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90078 023 ***150.00

DOCUMENT # F96000003669

1. Entity Name

BRYSON ASSOCIATES INCORPORATED

Principal Place of Business

**123 N WACKER DR
 CHICAGO IL 60606
 US**

Mailing Address

**P.O. BOX 8264
 CHICAGO IL 60680**

2. Principal Place of Business

200 E RANDOLPH ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st Flr 4th Floor

City & State

CHICAGO, ILLINOIS

City & State

Zip

Country

60601 U.S.A

Country

U.S.A

4. FEI Number

23-2085224

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	HARTOCH, DAVID R	
STREET ADDRESS	123 N WACKER DR	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLACURCIO, DANIEL V	
STREET ADDRESS	123 N WACKER DR	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	V	<input type="checkbox"/> Delete
NAME	WICHMANN, DVID A	
STREET ADDRESS	123 N WACKER DR	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARTICK, RONALD	
STREET ADDRESS	123 N WACKER DR	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	S	<input type="checkbox"/> Delete
NAME	JESCHKE, ARLENE	
STREET ADDRESS	123 N WACKER DR	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	V	<input type="checkbox"/> Delete
NAME	BAER, JEROME I	
STREET ADDRESS	123 N WACKER DR	
CITY-ST-ZIP	CHICAGO IL 60606	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTOCH, DAVID R	
STREET ADDRESS	200 E RANDOLPH STREET	
CITY-ST-ZIP	CHICAGO, ILLINOIS 60601	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLACURCIO, DANIEL V	
STREET ADDRESS	200 E RANDOLPH STREET	
CITY-ST-ZIP	CHICAGO, ILLINOIS 60601	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS M. CONNOR	
STREET ADDRESS	200 E RANDOLPH STREET	
CITY-ST-ZIP	CHICAGO, ILLINOIS 60601	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARTICK, RONALD	
STREET ADDRESS	200 E RANDOLPH STREET	
CITY-ST-ZIP	CHICAGO, ILLINOIS 60601	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JESCHKE, ARLENE	
STREET ADDRESS	200 E RANDOLPH STREET	
CITY-ST-ZIP	CHICAGO, ILLINOIS 60601	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAER, JEROME I	
STREET ADDRESS	200 E RANDOLPH STREET	
CITY-ST-ZIP	CHICAGO, ILLINOIS 60601	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)