

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000004255

1. Entity Name

FILCO MARKETING COMPANY

FILED

Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90014 017 *1,650.00

00061524



DO NOT WRITE IN THIS SPACE

Principal Place of Business 100 FIELD DR., STE. 340 LAKE FOREST IL 60045	Mailing Address 100 FIELD DR., STE. 340 LAKE FOREST IL 60045-2599 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country
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4. FEI Number 36-3263395	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 checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP BRANDT, WILLIAM I 100 FIELD DR., STE. 340 LAKE FOREST IL 60045 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Edward G Harshfield 100 Field Drive, Suite 340 Lake Forest, IL 60045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS O'MALLEY, PATRICK J 100 FIELD DR., STE. 340 LAKE FOREST IL 60045 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jeffrey B Weeden 100 Field Drive, Suite 340 Lake Forest, IL 60045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CARUSO, FRED C 100 FIELD DR., STE. 340 LAKE FOREST IL 60045 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mark E Dapier 100 Field Drive, Suite 340 Lake Forest, IL 60045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STAUTZENBACH, EDWARD G 100 FIELD DR., STE. 340 LAKE FOREST IL 60045 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition David W Berkow 100 Field Drive, Suite 340 Lake Forest, IL 60045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/ Controller <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mark D Whitham 100 Field Drive, Suite 340 Lake Forest, IL 60045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 DENVER 5/21/00 847-295-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #