

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90013 034 \*\*\*150.00

**DOCUMENT # F96000004713**

1. Entity Name  
**THE HARWOOD COMPANIES, INC.**

Principal Place of Business Mailing Address  
**%SARA LEE CORP . 3 1ST NATIONAL PLAZ** **%SARA LEE CORP . 3 1ST NATIONAL PLAZ**  
**CHICAGO IL 60602** **CHICAGO IL 60602**

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State  
 Zip Country Zip Country

4. FEI Number **36-4103172** Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301**

## 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) ☐

**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	DVPS	<input type="checkbox"/> Delete
NAME	PALMORE, RODERICK A	
STREET ADDRESS	%SARA LEE CORPORATION, 3 1ST NATIONAL PLAZ	
CITY-ST-ZIP	CHICAGO IL 60602	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	KLEEMAN, R HENRY	
STREET ADDRESS	%SARA LEE CORPORATION, 3 1ST NATIONAL PLAZ	
CITY-ST-ZIP	CHICAGO IL 60602	
TITLE	P	<input type="checkbox"/> Delete
NAME	ROTHBAUM, MICHAEL	
STREET ADDRESS	THREE FIRST NATIONAL PLAZA	
CITY-ST-ZIP	CHICAGO IL 60602	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MEIER, DONALD L	
STREET ADDRESS	THREE FIRST NATIONAL PLAZA	
CITY-ST-ZIP	CHICAGO IL 60602	
TITLE	AS	<input type="checkbox"/> Delete
NAME	NICHOLS, MARY	
STREET ADDRESS	THREE FIRST NATIONAL PLAZA	
CITY-ST-ZIP	CHICAGO IL 60602	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	ZAK, DOUGLAS	
STREET ADDRESS	THREE FIRST NATIONAL PLAZA	
CITY-ST-ZIP	CHICAGO IL 60602	

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 19.07(3)(b), 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: *Mary Nichols* Assistant Secretary *4/15/02* 312-726-2600  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)