

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000006843

1. Entity Name

DEARBORN PUBLISHING GROUP, INC.

**FILED**  
**Mar 09, 2000 8:00 am**  
**Secretary of State**

03-09-2000 90134 001 \*\*\*450.00

Principal Place of Business

Mailing Address

155 NORTH WACKER DRIVE  
 SUITE 900  
 CHICAGO IL 60606

155 NORTH WACKER DRIVE  
 SUITE 900  
 CHICAGO IL 60606-1753

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

60606-1719

4. FEI Number

36-3657446

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
 NAME **BLITZ, DENNIS**  
 STREET ADDRESS **155 NORTH WACKER DRIVE, SUITE 900**  
 CITY-ST-ZIP **CHICAGO IL 60606**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **V** ☐ Delete  
 NAME **KRAUSE, STEVEN**  
 STREET ADDRESS **155 NORTH WACKER DRIVE, SUITE 900**  
 CITY-ST-ZIP **CHICAGO IL 60606**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S** ☐ Delete  
 NAME **DILLON, VERONICA**  
 STREET ADDRESS **888 SEVENTH AVENUE**  
 CITY-ST-ZIP **NEW YORK NY 10106**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **GRAYER, JONATHAN**  
 STREET ADDRESS **888 SEVENTH AVENUE**  
 CITY-ST-ZIP **NEW YORK NY 10-6106**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP **10106**

TITLE **D** ☐ Delete  
 NAME **ROSEN, ANDREW**  
 STREET ADDRESS **888 7TH AVENUE**  
 CITY-ST-ZIP **NEW YORK NY 10-6106**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP **10106**

TITLE **TD** ☐ Delete  
 NAME **JONES, HAL**  
 STREET ADDRESS **888 SEVENTH AVENUE**  
 CITY-ST-ZIP **NEW YORK NY 10-6106**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP **10106**

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:

Steven Krause

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/00

(312) 836-4400

Date

Daytime Phone #

CR2E034 (9/99)