

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000000788

1. Entity Name

MORAN & COMPANY

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90056 028 ***158.75

Principal Place of Business

Mailing Address

200 W. MADISON, SUITE 2700
CHICAGO IL 60606

200 W. MADISON, SUITE 2700
CHICAGO IL 60606-3422

2. Principal Place of Business

ONE NORTH Franklin

3. Mailing Address

ONE NORTH Franklin

Suite, Apt. #, etc.

700

Suite, Apt. #, etc.

700

City & State

Chicago, IL

City & State

Chicago, IL

Zip

60606

Country

Zip

60606

Country

4. FEI Number

36-2979476

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, 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

TITLE **P** ☐ Delete
NAME MORAN, THOMAS F
STREET ADDRESS 200 W. MADISON, SUITE 2700
CITY-ST-ZIP CHICAGO IL 60606

TITLE **S** ☐ Delete
NAME ROSSI, ANTHONY R
STREET ADDRESS 200 W. MADISON, SUITE 2700
CITY-ST-ZIP CHICAGO IL 60606

TITLE **T** ☐ Delete
NAME KEARNEY, THOMAS P
STREET ADDRESS 200 W. MADISON, SUITE 2700
CITY-ST-ZIP CHICAGO IL 60606

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME ONE NORTH FRANKLIN, STE 700
STREET ADDRESS CHICAGO, IL 60606
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME (SAME)
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME (SAME)
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ 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 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:

Thomas F. Moran
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas F. Moran

4/24/00

312-407-6700

Date

Daytime Phone #

CR2F034 (9/99)