

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90175 027 \*\*\*\*61.25

**DOCUMENT # F97000003195**

1. Entity Name

**FRED & JEAN ALLEGRETTI FOUNDATION, INC.**

Principal Place of Business

**THOMAS BUCARO, 53 W. JACKSON, STE 905  
CHICAGO IL 60604**

Mailing Address

**THOMAS BUCARO, 53 W. JACKSON, STE 905  
CHICAGO IL 60604**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City, State

City &amp; State

4. FEI Number

**36-4110761**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
	PCD	ALLEGRETTI, JEAN	158 ALGONQUIN	BARRINGTON IL 60010						
	VD	PIONKE, ANN	4857 NORTH LEONARD	NORRDIGE IL 60656						
	SD	BUCARO, THOMAS	6311 WEST HENDERSON	CHICAGO IL 60634						
	TD	NOLFI, JOSEPH	1008 WEST SCHUBERT	10515 W. Grand	MELROSE PARK IL 60164					

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:****Thomas Bucaro**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/02

Date

312 360 0922

Daytime Phone #

CR2E037 (9/01)