

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90124 043 \*\*\*150.00

DOCUMENT # F97000003760

1. Entity Name:

A & D TITLE, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**900 North Michigan Avenue**

3. Mailing Address  
**900 North Michigan Avenue**

Suite, Apt. #, etc.  
**Suite 900**

Suite, Apt. #, etc.  
**Suite 900**

City & State  
**Chicago, Illinois**

City & State  
**Chicago, Illinois 60611**

Zip  
**60611**

Country  
**USA**

Zip  
**60611**

Country  
**USA**

4. FEI Number  
**65-0769487**

Applicable  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**C T Corporation System**

Street Address (P.O. Box Number is Not Acceptable)

**1200 South Pine Island Road**

City  
**Plantation FL** Zip Code  
**33324**

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 re-registering)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**Director  
Gary Nickle  
900 North Michigan Avenue  
Chicago, Illinois 60611**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**President  
James D. Motta  
7900 Glades Road  
Boca Raton, Florida 33434**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**Vice President  
Stephen A. Lovelette  
900 North Michigan Avenue  
Chicago, Illinois 60611**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**Secretary  
Paul C. Nielsen  
900 North Michigan Avenue  
Chicago, Illinois 60611**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**Assistant Secretary  
Karen M. Ewing  
900 North Michigan Avenue  
Chicago, Illinois 60611**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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CITY- ST- ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Karen M. Ewing* Asst. Secretary 03/25/02 (312) 915-1969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)