

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90331 001 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F97000003760

1. Entity Name
A & D TITLE, INC.



Principal Place of Business
**900 NORTH MICHIGAN AVENUE
SUITE 900
CHICAGO, IL 60611**

Mailing Address
**900 NORTH MICHIGAN AVENUE
SUITE 900
CHICAGO, IL 60611**

11030500



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
900 N. Michigan Avenue

Suite, Apt. #, etc.

Suite 1400

City & State
Chicago, Illinois

Zip
60611

Country
USA

3. Mailing Address
900 N. Michigan Avenue

Suite, Apt. #, etc.

Suite 1400

City & State
Chicago, Illinois

Zip
60611

Country
USA

4. FEI Number
65-0769487

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **NICKELE, GARY**
STREET ADDRESS **900 NORTH MICHIGAN AVENUE**
CITY-ST-ZIP **CHICAGO, IL 60611**

TITLE **P** ☐ Delete
NAME **MOTTA, JAMES D**
STREET ADDRESS **7900 GLADES ROAD**
CITY-ST-ZIP **BOCA RATON, FL 33434**

TITLE **VP** ☐ Delete
NAME **LOVELETTE, STEPHEN A**
STREET ADDRESS **900 NORTH MICHIGAN AVENUE**
CITY-ST-ZIP **CHICAGO, IL 60611**

TITLE **S** ☐ Delete
NAME **NIELSEN, PAUL C**
STREET ADDRESS **900 N. MICHIGAN AVENUE**
CITY-ST-ZIP **CHICAGO, IL 60611**

TITLE **AS** ☐ Delete
NAME **EWING, KAREN M**
STREET ADDRESS **900 N. MICHIGAN AVENUE**
CITY-ST-ZIP **CHICAGO, IL 60611**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 607, 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: *Karen M. Ewing*

Karen M. Ewing

04/14/03

(312) 915-1969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (10/02)