

2000 UNIFORM BUSINESS REPORT (UBR)

1 of 2

DOCUMENT # F97000005605

1. Entity Name

WINGSPAN INVESTMENT SERVICES, INC.

FILED

01 MAY 15 PM 3:47

Principal Place of Business

300 SOUTH RIVERSIDE PLAZA
19TH FLOOR, IL1-0762
CHICAGO IL 60606

Mailing Address

300 SOUTH RIVERSIDE PLAZA
19TH FLOOR, IL1-0762
CHICAGO IL 60606

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

XX

REINSTATEMENT 00-01

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

4. FEI Number **36-3414092** Applied For Not Applicable

City & State

City & State

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

CT CORPORATION SYSTEM
1200 PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

600004432586--2

-06/20/01--01054--023

City

******750.00 ****750.00**
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.

Jeffrey R. Graves
Assistant Secretary

600004432586--2

-06/20/01--01054--024

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

******150.00 ****150.00**

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D	<input checked="" type="checkbox"/> Delete
NAME	HAGENAH, WILLIAM	
STREET ADDRESS	315 WARWICK ROAD	
CITY-ST-ZIP	KENILWORTH IL 60043	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAINE, STEPHEN J	
STREET ADDRESS	808 HILL ROAD	
CITY-ST-ZIP	WINNETKA IL 60093	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	RANSFORD, TERRENCE	
STREET ADDRESS	300 S. RIVERSIDE PLAZA, 19TH FLOOR	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GILBERTSON, THOMAS E	
STREET ADDRESS	111 EAST COURT STREET, SUITE 100	
CITY-ST-ZIP	FLINT MI 48502	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHOEMAKER, CHARLES W	
STREET ADDRESS	900 TOWER DRIVE	
CITY-ST-ZIP	TROY MI 48098	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MARKHAM, BRADFORD M	
STREET ADDRESS	300 S. RIVERSIDE PLAZA, 11 FL., IL1-0860	
CITY-ST-ZIP	CHICAGO IL 60606	

TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Reed, Michael	
STREET ADDRESS	733 Greencrest Blvd	
CITY-ST-ZIP	Westerville, OH 43081	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Walton, Scott	
STREET ADDRESS	733 Greencrest Blvd	
CITY-ST-ZIP	Westerville, OH 43021	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Martin, Kevin	
STREET ADDRESS	733 Greencrest Blvd	
CITY-ST-ZIP	Westerville, OH 43081	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas, Sharlene	
STREET ADDRESS	300 South Riverside Plaza	
CITY-ST-ZIP	Chicago, IL 60606	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Baker, David	
STREET ADDRESS	300 South Riverside Plaza	
CITY-ST-ZIP	Chicago, IL 60606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Renata M. ...
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/01 (614) 244-6165
Date Daytime Phone #

CR2E034 (5/00)

Dated: June 13, 2000

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EXHIBIT A

Reed, Michael J.	Chairman/CEO
Walton, Scott R.	President/COO/Municipal Principal
Martin, Kevin L.	Financial Officer
Markham, Bradford M.	Secretary
Franc, Brian E.	Compliance Director
Hannah, Paul R.	CROP/SROP
Besece, Barry L.	Assistant Treasurer
Donovan, James E.	Assistant Treasurer
Wooding, Charles J.	Assistant Treasurer
Wulf, Clark J.	Assistant Treasurer
Barbour, Monica M.	Assistant Secretary
Berry, Iona M.	Assistant Secretary
Hernandez, Janet Z.	Assistant Secretary
Lipsitz, Michael	Assistant Secretary
McCullen, Richard J.	Assistant Secretary
Morrissy, Maureen	Assistant Secretary
Renchof, Sharon A.	Assistant Secretary