

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90015 005 \*\*\*150.00

**DOCUMENT # F97000005896**

1. Entity Name  
**ERP-QRS CPRT, INC.**

Principal Place of Business Mailing Address  
**% LISA CURRIE** **% LISA CURRIE**  
**TWO NORTH RIVERSIDE PLAZA, STE. 400** **TWO NORTH RIVERSIDE PLAZA, STE. 400**  
**CHICAGO IL 60606** **CHICAGO IL 60606**

00040440



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>36-4186980</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>LEXIS DOCUMENT SERVICES INC.</b> <b>3953 WW KELLEY ROAD</b> <b>TALLAHASSEE FL 32311</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEITHERCUT, DAVID J			NAME			
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, STE. 450			STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60606			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STROHM, BRUCE C			NAME			
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, STE. 450			STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60606			CITY-ST-ZIP			
TITLE	VTD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPECTOR, GERALD A			NAME			
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, STE. 450			STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60606			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CROCKER, DOUGLAS II			NAME			
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, STE. 450			STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60606			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCHUGH, MICHAEL J			NAME			
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, STE. 450			STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60606			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CURRIE, LISA			NAME			
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, STE. 450			STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60606			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: Lisa Currie 1/15/02 312-474-1300  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)