

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 19, 2002 8:00 am**  
**Secretary of State**

08-19-2002 90138 027 \*\*\*550.00

**DOCUMENT # F98000000883**

**1. Entity Name**  
**FI DEVELOPMENT SERVICES CORPORATION**

**Principal Place of Business**  
**311 S. WACKER DR., STE 4000**  
**CHICAGO IL 60606**

**Mailing Address**  
**311 S. WACKER DR., STE 4000**  
**CHICAGO IL 60606**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **36-4115351**

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 **CORPORATION SERVICE COMPANY**  
 Street Address (P.O. Box Number is Not Acceptable) **1201 HAYS ST**  
 City **TALLAHASSEE** **FL** Zip Code **32301**

**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** \_\_\_\_\_ (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)

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>EVP</b>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MULK, BOB</b>		NAME	<b>BOB MUIR</b>	
STREET ADDRESS	<b>311 S WALKER DRIVE 4000</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CHICAGO IL 60606</b>		CITY-ST-ZIP		
TITLE	<b>STD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HAVALA, MICHAEL J</b>		NAME		
STREET ADDRESS	<b>311 S. WACKER DR., STE 4000</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CHICAGO IL</b>		CITY-ST-ZIP		
TITLE	<b>PCEO</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BRENNAN, MICHAEL W</b>		NAME		
STREET ADDRESS	<b>311 S. WACKER DR., STE 4000</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CHICAGO IL</b>		CITY-ST-ZIP		
TITLE	<b>VAS</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>YAP, JOHANNSON</b>		NAME		
STREET ADDRESS	<b>311 S. WACKER DR., STE 4000</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CHICAGO IL</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:** SIGNATURE OF MICHAEL HAVALA  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/02  
 Date

Daytime Phone #

CR2E034 (4/02)

Attachment

975412

#F98000000883

**FI DEVELOPMENT SERVICES CORPORATION**

**OFFICERS LISTING**

Michael W. Brennan  
**President & CEO**

Michael J. Havala  
**CFO, Secretary & Treasurer**

Johannson L. Yap  
**Executive VP & Asst. Secretary**

Bob Muir  
**Executive VP**

**DIRECTORS LISTING**

Michael W. Brennan  
Michael J. Havala  
Michael G. Damone

Note: The above may be contacted at the following address:

311 S. Wacker Drive  
Suite 4000  
Chicago, IL 60606