

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F98000000913**

1. Entity Name

**PDA CORP. (DELAWARE)****FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90205 004 \*\*\*150.00

Principal Place of Business

Mailing Address

**200 WEST MADISON ST., STE 3800  
CHICAGO IL 60606****200 WEST MADISON ST., STE 3800  
CHICAGO IL 60606-3414****907497**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**200 West Madison Street****200 West Madison Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 2500****Suite 2500**

City &amp; State

City &amp; State

**Chicago, IL****Chicago, IL**

4. FEI Number

**36-3294232**

Applied For

Not Applicable

Zip

Country

Zip

Country

**60606****USA****60606****USA**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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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.

SIGNATURE

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

(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 \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
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	PD	<input type="checkbox"/> Delete
NAME	PRITZER, PENNY	
STREET ADDRESS	200 W. MADISON ST., STE 3800	
CITY-ST-ZIP	CHICAGO IL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VS	<input type="checkbox"/> Delete
NAME	POORMAN, JOHN K	
STREET ADDRESS	200 W. MADISON ST., STE 3800	
CITY-ST-ZIP	CHICAGO IL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VDT	<input type="checkbox"/> Delete
NAME	MILLER, GLENN	
STREET ADDRESS	200 W. MADISON ST., STE 3800	
CITY-ST-ZIP	CHICAGO IL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Delete
NAME	TURNER, ALLEN M	
STREET ADDRESS	200 W. MADISON ST., STE 3800	
CITY-ST-ZIP	CHICAGO IL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Delete
NAME	HANDELSMAN, HAROLD S	
STREET ADDRESS	200 W. MADISON ST., STE 3800	
CITY-ST-ZIP	CHICAGO IL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Delete
NAME	ZUNAMON, SIMON	
STREET ADDRESS	200 W. MADISON ST., STE 3800	
CITY-ST-ZIP	CHICAGO IL	

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 registered 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 life empowered.

SIGNATURE:

**Glen Miller, Vice President**

1/6/2000

312-750-8400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #