PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9800001699

ML SERVICES, INC.

Principal Place of Business	Mailing Address
324 Ellis street	624 ELLIS STREET
Augusta ga 30901	AUGUSTA GA 30901

2	Principal Place of Business	2a.	Mailing Addre	ss	
21	Two N. Riverside Plaza	26	Two N.	Riversi	de Plaz
<u> </u>	Suite, Apt. #, etc.	]	Suite, Apt #,	etc.	
22	Chicago, IL 60606	27	Chicag	o, IL	60606
	City & State		City & State		
23	Atten: Lisa Currie	28	Atten:		Currie Country
24	[25]	29		[30]	· <b>,</b>
9 Name and Address of Current Registered Agent					

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

	[ State Harry On STATE
tress	
	,

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/25/1998 4. FEI Number Applied For APPLIED FOR Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax [ | Yes 10. Name and Address of New Registered Agent Name Lexis Document Services Inc. Street Address (P.O. Box Number is Not Acceptable) 3953 W.W. Kelley Road

FILED

99 FEB 19 PM 12: 58

SECRETARY OF STATE

11 T L 33324	83	Tallahassee, FL	32311
	84	City	FL 85 Zip Code
rovisions of Sections 607.0502 and 607.1508. Florida Statutes, the a	ρονε	named corporation submits this s	tatement for the purpose of changing its registere

11. Pursuant to the p

office or r agent. I a	egistered agent, or both, in the S m familia with and access the o	state of Florida. Such change was au bligations of, Section 607,0505, Flor	uthorized by the corporation ida Statutes.	on's board of directors. I hereby accept the appointment as registered.
SIGNATURE	Signature, typed or project name of registers	rely asst 9 %	Le MS Registerale Agent signature tections	2-/18-99
12.	OFFICER	S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	C	€. I DELETE	1.1 Tifut	[ ] Change [ ] Additio
NAME	KNOX, BOONE A		12 NAME	
STREET ADDRESS	624 ELLIS STREET	See Exhibit A	13 STREET ADDRESS	
CITY-ST-ZIP	AUGUSTA GA		14 C/TY+S1-Z/P	
TITLE	D	[ ] DELETE	2.1 TBLF	[   Change
NAME	GIBSON, JOHN W		2.2 NAME	•
STREET ADORESS	624 ELLIS STREET		23 STREET ADDRESS	
CITY-ST-ZIP	AUGUSTA GA		2 4 CiTy-ST-ZiH	
TITLE	P	[] DELETE	3 1 117; E	[   Change
NAME	HOUSTON, W T		3.2 NAME	
STREET ADORESS	624 ELLIS STREET		33 STREET ADDRESS	
CITY-ST-ZIP	AUGUSTA GA		34 CHY-\$1-Zin	
TITLE	S	CIDELETE	411016	[") Change []] Additio
NAME	BARRETT, W H		4 2 NAME	0000027809409
STREET ADDRESS	624 ELLIS STREET		43 STREELADONESS	remember i deligant file estat
CITY-ST-ZIP	AUGUSTA GA		4.4 CHY ST-ZIF	
TITLE	V	[   DELETE	5 1 Title	[   Change
NAME	THOMPSON, MICHAEL N		5.2 NAME	
STREET ADDRESS	624 ELLIS STREET		53 STREET ADORESS	
CITY-ST-ZIP	AUGUSTA GA		5.4 C(1Y+\$1+Z(ir)	0 (
TITLE	V	[.] DELF1E	611muf	[   Change   COA   Ch
NAME	BAILEY III, JOSEPH P		6.2 NAME	
STREET ADORESS	624 ELLIS STREET		60 STREETADORESS	

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 C(1Y+S1+Z)F:

MAL CHANGE LISA CURRIE, BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AUGUSTA GA

CITY-ST-ZIP

Lisa Currie, Secretary 2/18/99

312-474-1300



### **Directors, Officers Report**

# EXHIBIT A

ML Services, Inc.

Thursday, February 18, 1999

**DIRECTORS**: Currently Authorized:

Comment:

Min:

Max:

Quorum:

David Neithercut

Director

Effective: Tuesday, January 05, 1999

Primary Address:

Two North Riverside Plaza Chicago, Illinois 60606

Gerald A. Spector

Director

Effective: Tuesday, January 05, 1999

Primary Address:

Two North Riverside Plaza Chicago, Illinois 60606

Bruce C. Strohm

Director

Effective: Tuesday, January 05, 1999

Primary Address:

Two North Riverside Plaza Chicago, Illinois 60606

#### **OFFICERS**

Mariann J. Demkovich

**Assistant Secretary** 

Effective: Tuesday, January 05, 1999

Primary Address:

Two North Riverside Plaza Chicago, Illinois 60606

Jane Matz

**Assistant Secretary** 

Effective: Tuesday, January 05, 1999

Primary Address:

Two North Riverside Plaza

Chicago, IL 60606

Yasmina Rahal

**Assistant Secretary** 

Effective: Tuesday, January 05, 1999

Primary Address:

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Chicago, IL 60606

Jennifer Rench

Assistant Secretary

Effective: Tuesday, January 05, 1999

Primary Address:

Two North Riverside Plaza Chicago, Illinois 60606

Jane Matz

Vice President

Effective: Tuesday, January 05, 1999

Primary Address:

1999

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Yasmina Rahal

Vice President

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Jennifer Rench

Vice President

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Primary Address:

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Lisa Currie

Secretary

Effective: Tuesday, January 05, 1999

Two North Riverside Plaza

Primary Address:

Chicago, Illinois 60606

Douglas Crocker II

President

Effective: Tuesday, January 05, 1999

Primary Address:

Two North Riverside Plaza Chicago, Illinois 60606

Michael J. McHugh

Senior Vice President

Effective: Tuesday, January 05, 1999

Primary Address:

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Mariann J. Demkovich

Vice President

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Primary Address:

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Shelley L. Dunck

Vice President

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Linda A. Menich

Vice President

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David Neithercut

Vice President

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Lori P. Shelstad

Vice President

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Gregory H. Smith

Vice President

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Frederick C. Tuomi

Vice President

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ML Services, Inc.

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Chicago, Illinois 60606

Gerald A. Spector

Treasurer

Effective: Tuesday, January 05, 1999

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Shelley L. Dunck

**Assistant Secretary** 

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Linda A. Menich

**Assistant Secretary** 

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Ann M. Schneider

**Assistant Secretary** 

Effective: Tuesday, January 05, 1999

Primary Address:

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Lori P. Shelstad

**Assistant Secretary** 

Effective: Tuesday, January 05, 1999

Primary Address:

Two North Riverside Plaza Chicago, Illinois 60606

## ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA00000000	
REPERENCE: 20 15156-	
DATE: 2-19	
REQUESTOR NAME: LE	XIS
ADDRESS:	
TELEPHONE: () (	) ext ()
CONTACT NAME:	
CORPORATION NAME: ML Service	es, Inc.
DOCUMENT NUMBER: F98 - 16 (if applicable)	99
AUTHORIZATION: C. Wor	Dyard
CERTIFIED COPY (1-9) CERTIFICATE OF STATUS (1-9) PLAIN STAMPED COPY	·
Call When Ready ( ) Call Walk In ( ) Will (	if Problem ( ) After 4:30 Wait ( ) Pick Up