

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001910

1. Entity Name

QUILL CORPORATION

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90137 018 ***150.00

Principal Place of Business

Mailing Address

100 SCHELTER ROAD
LINCOLNSHIRE IL 60069

100 SCHELTER ROAD
LINCOLNSHIRE IL 60069-3602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-2952904

Applied For

Not Applicable

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

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	P	<input checked="" type="checkbox"/> Delete
NAME	MILLER, JACK	
STREET ADDRESS	100 SCHELTER ROAD	
CITY-ST-ZIP	LINCOLNSHIRE IL 60069	
TITLE	S	<input type="checkbox"/> Delete
NAME	VASSALLUZZO, JOSEPH	
STREET ADDRESS	100 PENNSYLVANIA AVE	
CITY-ST-ZIP	FRAMINGHAM MA 01701	
TITLE	T	<input type="checkbox"/> Delete
NAME	HICKEY, PATRICK	
STREET ADDRESS	100 PENNSYLVANIA AVE	
CITY-ST-ZIP	FRAMINGHAM MA 01701	
TITLE	V	<input type="checkbox"/> Delete
NAME	SWANSON, WILLIAM	
STREET ADDRESS	100 SCHEFFER RD	
CITY-ST-ZIP	LINCOLNSHIRE IL 60069	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Larry Morse	
STREET ADDRESS	100 Schelter Road	
CITY-ST-ZIP	Lincolnshire, IL 60069	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Felix Petrilli	
STREET ADDRESS	100 Schelter Road	
CITY-ST-ZIP	Lincolnshire, IL 60069	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Keith Onyiah
Assistant Controller

Felix Petrilli
V.P.

3-28-00

(847)876-3904

CR2E034 (9/99)