

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90027 017 ***550.00

DOCUMENT # F98000001910

1. Entity Name
QUILL CORPORATION

Principal Place of Business
100 SCHELTER ROAD
LINCOLNSHIRE IL 60069

Mailing Address
100 SCHELTER ROAD
LINCOLNSHIRE IL 60069

2. Principal Place of Business

3. Mailing Address

500 Staples Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Frammingham, MA

Zip

Country

Zip

Country

01702

USA

4. FEI Number **36-2952904**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

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 \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ **Delete**
NAME **MILLER, JACK**
STREET ADDRESS **100 SCHELTER ROAD**
CITY-ST-ZIP **LINCOLNSHIRE IL 60069**

TITLE **President** ☐ **Change** ☒ **Addition**
NAME **MORSE, LAWRENCE**
STREET ADDRESS **100 SCHELTER ROAD**
CITY-ST-ZIP **LINCOLNSHIRE, IL 60069**

TITLE **S** ☒ **Delete**
NAME **VASSALLUZZO, JOSEPH**
STREET ADDRESS **100 PENNSYLVANIA AVE**
CITY-ST-ZIP **FRAMINGHAM MA 01701**

TITLE **VICE CHAIRMAN** ☒ **Change** ☐ **Addition**
NAME **VASSALLUZZO, JOSEPH**
STREET ADDRESS **500 STAPLES DR.**
CITY-ST-ZIP **FRAMINGHAM, MA 01702.**

TITLE **T** ☒ **Delete**
NAME **HICKEY, PATRICK**
STREET ADDRESS **100 PENNSYLVANIA AVE**
CITY-ST-ZIP **FRAMINGHAM MA 01701**

TITLE **SECRETARY & SR. V.P.** ☐ **Change** ☒ **Addition**
NAME **VAN WICKEROM, JACK A.**
STREET ADDRESS **500 STAPLES DR.**
CITY-ST-ZIP **FRAMINGHAM, MA 01702.**

TITLE **V** ☐ **Delete**
NAME **SWANSON, WILLIAM**
STREET ADDRESS **100 SCHEFFER RD**
CITY-ST-ZIP **LINCOLNSHIRE IL 60069**

TITLE **TREASURER & SR. V.P.** ☒ **Change** ☐ **Addition**
NAME **SWANSON, WILLIAM**
STREET ADDRESS **500 STAPLES DR.**
CITY-ST-ZIP **FRAMINGHAM, MA 01702.**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **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
William Swanson

9.4.01

508 253 5000

Date

Daytime Phone #

CR2E034 (5/01)