

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90251 049 ***150.00

DOCUMENT # **98000002686** *NIC ELD 11/2/01*
 1. Entity Name
Verizon Avenue Corp.

Principal Place of Business Mailing Address

00067839

2. Principal Place of Business **2 Conway Park 150 Field**
 Suite, Apt. #, etc. **Drive #300**
 City & State **Lake Forest IL**
 Zip **60045** Country **US**

3. Mailing Address **same**
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **36-4225811**
 Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent
CT Corporation System
1200 S. Pine Island Road
Plantation FL 33324

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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, 2001, Fee will be \$550.00
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

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CCEO James A. Otterbeck <input checked="" type="checkbox"/> Delete 2 Conway Park 150 Field Dr #300 Lake Forest, IL 60045 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD William F. Wallace <input type="checkbox"/> Delete 2 Conway Park 150 Field Dr #300 Lake Forest IL 60045 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EV Jon D. Bergman <input checked="" type="checkbox"/> Delete 2 Conway Park 150 Field Dr #300 Lake Forest IL 60045 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CFOD John D. Stavig <input type="checkbox"/> Delete 2 Conway Park 150 Field Dr #300 Lake Forest IL 60045 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | J. Daniel Mason, Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Two Conway Park 150 Field Dr #300 Lake Forest IL 60045 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Bruce S. Gordon, Dir. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Two Conway Park 150 Field Dr #300 Lake Forest IL 60045 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | James A. Otterbeck, Dir. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Two Conway Park 150 Field Dr #300 Lake Forest IL 60045 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition John D. Stavig is CFO, but is no longer a Director |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition William F. Wallace is COO; (no longer a director) |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Randal S. Milch, Dir. Doreen A. Toben, Dir. 2 Conway Park 150 Field Dr #300 Lake Forest IL 60045 |

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:  **John D. Stavig** **4/23/01** **(847)582-8800**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)