

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005416

1. Entity Name

CMS/BYRON HALL, INC.

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90009 046 \*\*\*150.00

Principal Place of Business

1996 SOUTH KIRK ROAD, SUITE 320  
GENEVA IL 60134

Mailing Address

C/O THOMAS F. BRETT II, PEDERSEN & HOUP  
161 NORTH CLARK STREET, SUITE 3100  
CHICAGO IL 60601-3224

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 **36-4249209**

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, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PID**  
**CARLSON, EDWARD A**  
**1996 SOUTH KIRK ROAD, SUITE 320**  
**GENEVA IL 60134** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P/T/D**  
**Carlson, Edward A.**  
**1996 South Kirk Road, Suite 320**  
**Geneva, IL 60134** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S**  
**BRETT, THOMAS F II**  
**161 N. CLARK STREET, SUITE 3100**  
**CHICAGO IL 60601** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AS**  
**BROCATO, JOSEPH B**  
**161 N. CLARK STREET, SUITE 3100**  
**CHICAGO IL 60601** ☐ Delete

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

TITLE  
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TITLE  
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☐ Change ☐ Addition

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

Thomas F. Brett II

Date

Daytime Phone #

CR2E034 (10/00)

PEDERSEN & HOUP

808763

#F98000005416

January 16, 2001

Julia N. Studier  
Paralegal  
312 261 2410  
Fax 312 261 1410  
jstudier@pedersenhoup.com

Florida Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Re: Florida Corporation Annual Report  
for CMS/Byron Hall, Inc..

Ladies and Gentlemen:

Enclosed for filing are the following:

1. Original and one photocopy of Florida Corporation Annual Report for CMS/Byron Hall, Inc.; and
2. Check in the amount of \$150.00 for the filing fee.

Please return the date-stamped photocopy to me in the enclosed self-addressed, stamped envelope.

If you have any questions, please me at 312 261 2410.

Sincerely,



Julia N. Studier

Enclosure

JSTUDIER 296147 v1 January 16, 2001