

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 22, 2001 8:00 am
Secretary of State

06-22-2001 90068 011 ***158.75

DOCUMENT # **F98 00000 5901**

1. Entity Name

GALLAGHER BASSETT INVESTIGATIVE SRI

Principal Place of Business

Mailing Address

LU072241

2. Principal Place of Business

2 PIERCE PLACE

3. Mailing Address

2 PIERCE PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5TH FLR ACCTG

DO NOT WRITE IN THIS SPACE

City & State

ITASCA IL

City & State

ITASCA IL

4. FEI Number

52-2109873

Applied For

Not Applicable

Zip

Country

Zip

Country

60143

USA

60143

USA

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 33301-2525

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
MIMI L. LANFRANCHI ☒ Delete
2 PIERCE PLACE
ITASCA IL 60143

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD ☒ Change ☐ Addition
STEPHEN R. KMEER
2 PIERCE PLACE
ITASCA IL 60143

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

Stephen R. Kmeier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/01

Date

847-590-2386

Daytime Phone #

CR2E034 (11/00)