

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000000133

1. Entity Name
INITIO CORP.



Principal Place of Business

222 S RIVERSIDE PLAZA
SUITE 1450
CHICAGO, IL 60606

Mailing Address

222 S RIVERSIDE PLAZA
SUITE 1450
CHICAGO, IL 60606

DO NOT WRITE IN THIS SPACE



02132004 No Chg-P CR2E034 (10/03)

4. FEI Number

36-4267393

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution, ☐

\$5.00 May Be
Added to Fees

000000101611
04/02/04-80020-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KORZEN, BRADFORD
STREET ADDRESS	5750 WILSHIRE BLVD., SUITE 512
CITY- ST- ZIP	LOS ANGELES, CA 90036
TITLE	VPDS
NAME	ELOWE, JEFFREY S
STREET ADDRESS	500 WEST MADISON STREET
CITY- ST- ZIP	CHICAGO, IL 60661
TITLE	ASD
NAME	BERGER, STEPHEN L
STREET ADDRESS	2 NORTH LASALLE STE. SUITE 2200
CITY- ST- ZIP	CHICAGO, IL 60661
TITLE	AVP
NAME	BURJEK, EDWARD F
STREET ADDRESS	500 WEST MADISON STREET
CITY- ST- ZIP	CHICAGO, IL 60661
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other filers registered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #