

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90017 034 \*\*\*158.75

**DOCUMENT # F99000000349**

1. Entity Name

**INTERPARKING INCORPORATED**

Principal Place of Business

111 W. JACKSON BLVD.. SUITE 1900  
 CHICAGO IL 60604

Mailing Address

111 W. JACKSON BLVD.. SUITE 1900  
 CHICAGO IL 60604-3503

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 **36-4111108**

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 \$150.00**  
**After MAY 1, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CARR, OLIVER T JR.</b>	NAME	<b>Allin, Thomas B.</b>
STREET ADDRESS	<b>6037 RIDGE DRIVE</b>	STREET ADDRESS	<b>8 Monte Luz</b>
CITY-ST-ZIP	<b>BETHESDA MD 20816</b>	CITY-ST-ZIP	<b>Santa Fe, NM 87501</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DICHTER, STEVEN F</b>	NAME	<b>Roddy, Thomas P.</b>
STREET ADDRESS	<b>320 KEARNEY AVE</b>	STREET ADDRESS	<b>3601 Fordham Road N.W.</b>
CITY-ST-ZIP	<b>SANTA FE NM 87501</b>	CITY-ST-ZIP	<b>Washington, D.C. 20016-1905</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>EDLAVITCH, IRWIN P</b>	NAME	<b>Michael P. Prussian</b>
STREET ADDRESS	<b>185 CHAINBRIDGE ROAD</b>	STREET ADDRESS	<b>1800 N. Mohawk, Chicago, IL 60614</b>
CITY-ST-ZIP	<b>MCLEAN VA 22101</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MACDONALD, ROBERT C</b>	NAME	<b>Wadsworth, Samuel T.</b>
STREET ADDRESS	<b>3717 WILLIAMS LANE</b>	STREET ADDRESS	<b>1140 Matheson Way</b>
CITY-ST-ZIP	<b>CHEVY CHASE MD 20815</b>	CITY-ST-ZIP	<b>Alpharetta, GA 30022</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PECK, J. MARSHALL</b>	NAME	
STREET ADDRESS	<b>1206 ASBURY AVE.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WINNETKA IL 60093</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRUSSIAN, GORDON S</b>	NAME	
STREET ADDRESS	<b>1192 WESTMOOR ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WINNETKA IL 60093</b>	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:

*Robert W. Culver*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Robert W. Culver, VP**

(312)935-2800

Date

Daytime Phone #

CR2E034 (9/99)

**InterParking Incorporated**

**Directors Listing**

Thomas B. Allin	8 Monte Luz, Santa Fe, NM 87501
Oliver T. Carr, Jr.	6037 Ridge Drive, Bethesda, MD 20816
Irwin P. Edlavitch	185 Chainbridge Road, McLean, VA 22101
J. Marshall Peck	1206 Asbury Avenue, Winnetka, IL 60093
Gordon S. Prussian	1192 Westmoor Road, Winnetka, IL 60093
Michael P. Prussian	1800 N. Mohawk, Chicago, IL 60614
Thomas P. Roddy	3601 Fordham Road NW, D.C. 20016-1905
Samuel T. Wadsworth	1140 Matheson Way, Alpharetta, GA 30022

**Officers Listing**

President	J. Marshall Peck	1206 Asbury Avenue, Winnetka, IL 60093
Senior Vice President	Scott R. Osman	231 Thatcher Avenue, River Forest, IL 60305
Vice President	Robert W. Culver	1871 N. Fremont, Chicago, IL 60614
Secretary & Treasurer	Robert W. Culver	1871 N. Fremont, Chicago, IL 60614