

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90606 044 ***150.00

DOCUMENT # F99000000349
 1. Entity Name
INTERPARK INCORPORATED

Principal Place of Business Mailing Address
111 W. JACKSON BLVD., SUITE 1900 **111 W. JACKSON BLVD., SUITE 1900**
CHICAGO IL 60604 **CHICAGO IL 60604**

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 Applied For
36-4111108 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
CSC
1201 HAYS STREET
TALLAHASSEE FL 32301

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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	
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	BLANKENSHIP, C RONALD
STREET ADDRESS	125 LINCOLN AVE
CITY-ST-ZIP	SANTA FE NM 87501
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	CHAPMAN, RICHARD
STREET ADDRESS	111 W JACKSON BLVD STE 1900
CITY-ST-ZIP	CHICAGO IL 60604
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	KLOPF, JEFFREY A
STREET ADDRESS	125 LINCOLN AVE
CITY-ST-ZIP	SANTA FE NM 87501
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	MCBRIDE, CAROLINE S
STREET ADDRESS	399 PARK AVE 23RD FLOOR
CITY-ST-ZIP	NEW YORK NY 10022
TITLE	PCEO <input type="checkbox"/> Delete
NAME	PECK, J. MARSHALL
STREET ADDRESS	111 W JACKSON BLVD SUITE 1900
CITY-ST-ZIP	CHICAGO IL 60604
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	PRUSSIAN, GORDON S
STREET ADDRESS	111 W JACKSON BLVD STE 1900
CITY-ST-ZIP	CHICAGO IL 60604

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Constance B. Moore
STREET ADDRESS	125 Lincoln Avenue
CITY-ST-ZIP	Santa Fe, NM 87501
TITLE	Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas G. Wattles
STREET ADDRESS	125 Lincoln Avenue
CITY-ST-ZIP	Santa Fe, NM 87501
TITLE	CFD & Sr. VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert S. Duncan
STREET ADDRESS	111 W. Jackson Blvd., Ste 1900
CITY-ST-ZIP	Chicago, IL 60604
TITLE	COO <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Douglas I. Porier
STREET ADDRESS	111 W. Jackson Blvd., Ste 1900
CITY-ST-ZIP	Chicago, IL 60604
TITLE	CIO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael P. Prussian
STREET ADDRESS	111 W. Jackson Blvd., Ste 1900
CITY-ST-ZIP	Chicago, IL 60604
TITLE	Assistant Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D. Brent Shaffer
STREET ADDRESS	7777 Market Center Avenue
CITY-ST-ZIP	El Paso, TX 79912

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: *D. Brent Shaffer* **04/19/02** **(915) 877-3900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)