

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000769

1. Entity Name

AURORA EBY-BROWN COMPANY

Principal Place of Business

280 W. SHUMAN BLVD
NAPERVILLE IL 60563

Mailing Address

280 W. SHUMAN BLVD
NAPERVILLE IL 60563-8492

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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

TITLE PD
NAME WAKE, RICHARD W
STREET ADDRESS 1355 PERSIMMON
CITY-ST-ZIP ST CHARLES IL ☐ Delete

TITLE VD
NAME WAKE, THOMAS G
STREET ADDRESS 1904 WAVERLY
CITY-ST-ZIP ST CHARLES IL ☐ Delete

TITLE CD
NAME WAKE, WILLIAM S
STREET ADDRESS 1211 MEADOW ROAD
CITY-ST-ZIP GENEVA IL ☐ Delete

TITLE VD
NAME WAKE, BARBARA G
STREET ADDRESS 1211 MEADOW ROAD
CITY-ST-ZIP GENEVA IL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas Wake

5-18-00

Date

(630) 778-2800

Daytime Phone #

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90126 001 ***450.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)