

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90028 044 ***150.00

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1. Entity Name

THE MCCLIER CORPORATION, ARCHITECTS AND
ENGINEERS, INC.



Principal Place of Business

ATTN: CHIEF FINANCIAL OFFICER
401 EAST ILLINOIS, STE 625
CHICAGO, IL 60611

Mailing Address

ATTN: CHIEF FINANCIAL OFFICER
401 EAST ILLINOIS, STE 625
CHICAGO, IL 60611

94027357



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

36-3940329

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

**DO NOT WRITE
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

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	FISCHER, ROBERT JAMES ROYER
STREET ADDRESS	401 E ILLINOIS ST
CITY-ST-ZIP	CHICAGO, IL 60611
TITLE	P. MANAGING DIRECTOR (CORE GROUP)
NAME	ROSSITER, THOMAS J KENNETH TERPIN
STREET ADDRESS	401 EAST ILLINOIS
CITY-ST-ZIP	CHICAGO, IL
TITLE	SD
NAME	KOLLOWAY, MICHAEL
STREET ADDRESS	401 E ILLINOIS ST
CITY-ST-ZIP	CHICAGO, IL 60611
TITLE	TD
NAME	CONTI, NINO
STREET ADDRESS	401 E ILLINOIS
CITY-ST-ZIP	CHICAGO, IL 60611
TITLE	D
NAME	WEBER, ROBERT M
STREET ADDRESS	401 E ILLINOIS ST
CITY-ST-ZIP	CHICAGO, IL 60611
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 like empowered.

SIGNATURE:

Michael R. Kolloway
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael R. Kolloway

3/5/04

Date

(312) 938-1109

Daytime Phone #