

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002340

1. Entity Name  
BIORA, INC.

Principal Place of Business  
415 N. LASALLE, SUITE 615  
CHICAGO IL 60610

Mailing Address  
415 N. LASALLE, SUITE 615  
CHICAGO IL 60610

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 *James M. Halpin*  
Signature, typed or printed name of registered agent and title if applicable

James M. Halpin  
Assistant Secretary

(NOTE: Registered Agent Signature Required for Change of Registered Agent)

DATE

11/9/01

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
C  
HANMARGREN, TOMAS  
415 N. LASALLE, SUITE 615  
CHICAGO IL 60610 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Söderberg, Richard  
415 N. Lasalle Suite 615  
Chicago, IL 60610 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
AGERING, ANDERS  
415 N. LASALLE, SUITE 615  
CHICAGO IL 60610 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400004706064-1  
-12/05/01--01055--003  
\*\*\*750.00 \*\*\*750.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
JANSON, DONNA  
415 N. LASALLE, SUITE 615  
CHICAGO IL 60610 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
KLAWANS, GARY  
415 N. LASALLE, SUITE 615  
CHICAGO IL 60610 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
EDSTROM, HAKAN  
415 N. LASALLE, SUITE 615  
CHICAGO IL 60610 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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: *James M. Halpin*

10/5/01 312 832 1414

0130757 AT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 NOV 19 AM 9:56



REINSTATEMENT  
DO NOT WRITE IN THIS SPACE 01

4. FEI Number 36-4104072 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E034 (5/01)