

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90221 038 ***150.00

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1. Entity Name
INTERNATIONAL AUCTIONEERS, INC.



Principal Place of Business
**233 E. WACKER DR., #4511
CHICAGO IL 60601**

Mailing Address
**233 E. WACKER DR., #4511
CHICAGO IL 60601**

2. Principal Place of Business
SAME AS ABOVE
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **36-4103809**

Applied For
☐ Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POLLAK, FRED R
6503-1 BAY CLUB DR., BLDG 19
FORT LAUDERDALE FL 33308**

Name
POLLAK FRED R.
Street Address (P.O. Box Number is Not Acceptable)
6480 CALLERTON COVE. SAN

City **SANFORD** FL Zip Code **32771**

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 **1-9-03**
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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCD** ☒ Delete
NAME **HANAHAN, PHILIP G**
STREET ADDRESS **233 E WACKER DR., #4511**
CITY-ST-ZIP **CHICAGO IL**

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

TITLE **VSD** ☐ Delete
NAME **POLLAK, FRED R**
STREET ADDRESS **6501-1 BAY CLUB DRIVE BLDG 19**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **POLLAK FRED R** ☒ Change ☐ Addition
NAME **VSD**
STREET ADDRESS **6480 CALLERTON COVE**
CITY-ST-ZIP **SANFORD, FL 32771**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 **7.9.03 712 2401541**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)