

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90039 010 ***150.00

DOCUMENT # F99000002579

1. Entity Name

142ND STREET CORP.

Principal Place of Business

Mailing Address

ONE IBM PLAZA, SUITE 2630
 CHICAGO IL 60611

ONE IBM PLAZA, SUITE 2630
 CHICAGO IL 60611

2. Principal Place of Business

3. Mailing Address

ONE IBM PLAZA

ONE IBM PLAZA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#2630

#2630

City & State

City & State

CHICAGO, IL

CHICAGO, IL

Zip

Country

Zip

Country

60611

US

60611

US

6. Name and Address of Current Registered Agent

4. FEI Number 36-4293577

Applied For

Not Applicable

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CPT
 NAME FOUFAS, PLATO
 STREET ADDRESS ONE IBM PLAZA, SUITE 2630
 CITY-ST-ZIP CHICAGO IL 60611 ☐ Delete

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

TITLE VP
 NAME SIDEL, BARRY
 STREET ADDRESS ONE IBM PLAZA, SUITE 2630
 CITY-ST-ZIP CHICAGO IL 60611 ☐ Delete

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

TITLE S
 NAME BARROW, KIRSTEN
 STREET ADDRESS ONE IBM PLAZA, SUITE 2630
 CITY-ST-ZIP CHICAGO IL 60611 ☐ Delete

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
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 CITY-ST-ZIP

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

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

Date

Daytime Phone #

CR2E034 (10/00)