

2002 UNIFORM BUSINESS REPORT (UBR)

0136412 AT

DOCUMENT # F99000002804

1. Entity Name
PETER MARTIN ASSOCIATES, INC.

FILED

02 DEC 10 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2650 W. MONTROSE AVE SUITE 150
CHICAGO IL 60605

Mailing Address
2650 W. MONTROSE AVE SUITE 150
CHICAGO IL 60605



REINSTATEMENT 02
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 36-3569320

Applied For
Not Applicable

Zip 60618

Country

Zip 60618

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

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. I am familiar with, and accept the obligations of registered agent.

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 when reinstating)

DATE

12/2/02

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 13, 2002 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 ☐ Delete
ST HAMLIN, ED
STREET ADDRESS 2547 W. ISLAND AVE
CITY-ST-ZIP CHICAGO IL 60625

TITLE NAME ☒ Change ☐ Addition
FOUNDER, CTO
STREET ADDRESS 2547 W. LELAND
CITY-ST-ZIP CORRECTION

TITLE NAME ☐ Delete
C LURCH, STEVE
STREET ADDRESS ONE CLINTON PATH
CITY-ST-ZIP BROOKLINE MA 02445

TITLE NAME ☒ Change ☐ Addition
LORCH
STREET ADDRESS CORRECTION

TITLE NAME ☐ Delete
P HAWKINS, RICHARD
STREET ADDRESS 2650 W MONROSE AVE #150
CITY-ST-ZIP CHICAGO IL 60618

TITLE NAME ☒ Change ☐ Addition
PRESIDENT & CEO
STREET ADDRESS 2650 W MONTROSE
CITY-ST-ZIP CORRECTION

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 800008665688
CITY-ST-ZIP 10/29/02--01065--009 **750.00

TITLE NAME ☐ Delete
STREET ADDRESS
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: *Edward A. Hamlin* REQUIRED WARD HAMLIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/02 773478 2400

Date

Daytime Phone #

CR2E034 (4/02)