

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/3

**FILED**  
**May 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90102 026 \*\*\*150.00

**DOCUMENT # F99000003090**

1. Entity Name

**NECK CORP.**

Principal Place of Business

Mailing Address

**600 WEST MADISON STREET, SUITE 2900  
 CHICAGO IL 60661**

**500 WEST MADISON STREET - SUITE 2900  
 CHICAGO IL 60661**

2. Principal Place of Business

3. Mailing Address

**222 S. Riverside Plaza  
 Suite 1450  
 Chicago, IL 60606**

**222 S. Riverside Plaza  
 Suite 1450  
 Chicago, IL 60606**

4. FEI Number **36-4303604**

Applied For  
 Not Applicable

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.

SIGNATURE

Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent Signature required when renewing)

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 NAME STREET ADDRESS CITY-ST-ZIP	DPT KORZEN, BRADFORD 5750 WILSHIRE BLVD., SUITE 512 LOS ANGELES CA 90036	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS ELOWE, JEFFREY S <i>222 S. Riverside, PL</i> <del>500 WEST MADISON STREET, SUITE 2900</del> <i>Suite 1450</i> CHICAGO IL <del>60661</del> <i>60606</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERGER, STEPHEN L 2 NORTH LASALLE STREET, SUITE 2100 CHICAGO IL 60602	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**312 669-1200**  
 Daytime Phone #

CR2E034 (10/00)