

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 8:00 am**
Secretary of State

04-30-2001 90001 023 ***150.00

DOCUMENT # F99000003863**1. Entity Name****MONTGOMERY WARD ENTERPRISES, INC.****Principal Place of Business****Mailing Address****200 N. MARTINGALE RD.
SCHAUMBURG IL 60173-2096****200 N. MARTINGALE RD.
SCHAUMBURG IL 60173-2096****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 36-4295723

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****CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	BOBITZ, WARD	
STREET ADDRESS	200 N. MARTINGALE RD.	
CITY-ST-ZIP	SCHAUMBURG IL 60173-2096	

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	JOPPA, GLENN	
STREET ADDRESS	200 N. MARTINGALE RD.	
CITY-ST-ZIP	SCHAUMBURG IL 60173-2096	

TITLE	V	<input type="checkbox"/> Delete
NAME	EUWEMA, JOHN B	
STREET ADDRESS	200 N. MARTINGALE RD.	
CITY-ST-ZIP	SCHAUMBURG IL 60173-2096	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CEO/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARINELLO, KATHRYN V.	
STREET ADDRESS	200 N. MARTINGALE RD	
CITY-ST-ZIP	SCHAUMBURG IL 60173-2096	

TITLE	VP/CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRANDT, MICHAEL J.	
STREET ADDRESS	200 N. MARTINGALE RD.	
CITY-ST-ZIP	SCHAUMBURG IL 60173-2096	

TITLE	VP/SECRETARY/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EUWEMA, JOHN B.	
STREET ADDRESS	200 N. MARTINGALE RD.	
CITY-ST-ZIP	SCHAUMBURG IL 60173-2096	

TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRIZZIA, GARY T.	
STREET ADDRESS	6620 W. BROAD ST. #401 FL.	
CITY-ST-ZIP	RICHMOND VA 23230-73-2096	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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

4/9/2001

Date

847-453-7390

Daytime Phone #

CR2E034 (10/00)