

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91277 009 \*\*\*150.00

0650434 AT

**DOCUMENT # G46923**

1. Entity Name  
**ORLANDO WAREHOUSE CO.**



Principal Place of Business  
**% WALGREEN CO.**  
**300 WILMOT ROAD**  
**DEERFIELD IL 60015**

Mailing Address  
**% WALGREEN CO.**  
**300 WILMOT ROAD**  
**DEERFIELD IL 60015**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-3239373**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

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

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 **VD** ☐ Delete  
NAME **RESNICK, A.M.**  
STREET ADDRESS **1822 SMITH ROAD**  
CITY-ST-ZIP **NORTHBROOK IL 60015**

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

TITLE **PD** ☐ Delete  
NAME **OETTINGER, J A**  
STREET ADDRESS **200 WILMOT ROAD**  
CITY-ST-ZIP **DEERFIELD IL 60015**

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

TITLE **ASD** ☐ Delete  
NAME **KING, E.H.**  
STREET ADDRESS **350 TAYLOR CT.**  
CITY-ST-ZIP **VERNON HILLS IL 60062**

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

TITLE **T** ☐ Delete  
NAME **KELLEN, M.E.**  
STREET ADDRESS **300 WILMOT RD**  
CITY-ST-ZIP **DEERFIELD IL 60015**

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

TITLE **S** ☐ Delete  
NAME **HANS, R J**  
STREET ADDRESS **328 WOODLAND RD**  
CITY-ST-ZIP **LAKE BLUFF IL 60044**

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

TITLE **AT** ☐ Delete  
NAME **DANCY, BELINDA R**  
STREET ADDRESS **402 HILL CT**  
CITY-ST-ZIP **WAUCONDA IL 60084**

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:

*Margarita E. Kellen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Margarita E. Kellen, Treasurer

4/23/03 847-914-2500

Date

Daytime Phone #

CR2E034 (10/02)