

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2002 8:00 am
Secretary of State

07-22-2002 90159 040 ***550.00

DOCUMENT # J74270

1. Entity Name
SERVICE SAVER, INCORPORATED

Principal Place of Business
 123 NORTH WACKER DRIVE
 CHICAGO IL 60606
 US

Mailing Address
 P.O. BOX 8264
 CHICAGO IL 60680
 US

2. Principal Place of Business

200 E Randolph Street

Suite, Apt. #, etc.
 Tax Dept 4th Floor

City & State
 CHICAGO, ILLINOIS

Zip
 60601

Country
 U.S.A

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip
 60680-8264

Country
 U.S.A

4. FEI Number 36-3523576

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

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. 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

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE DV ☐ Delete
NAME GREGG, DAVIS J
STREET ADDRESS 123 N. WACKER DRIVE
CITY-ST-ZIP CHICAGO IL 60606

TITLE V ☐ Delete
NAME BAER, JEROME I
STREET ADDRESS 123 N WACKER DR
CITY-ST-ZIP CHICAGO IL

TITLE D ☐ Delete
NAME HOFMANN, JOHN-FREDERICK
STREET ADDRESS 123 N. WACKER DRIVE
CITY-ST-ZIP CHICAGO IL 60606

TITLE S ☐ Delete
NAME MARKOVITS, RONALD D
STREET ADDRESS 123 N WACKER DR
CITY-ST-ZIP CHICAGO IL

TITLE T ☐ Delete
NAME AIGOTTI, DIANE
STREET ADDRESS 123 N. WACKER DRIVE
CITY-ST-ZIP CHICAGO IL 60606

TITLE T ☒ Delete
NAME HARDY, ARLENE
STREET ADDRESS 123 N WACKER DR
CITY-ST-ZIP CHICAGO IL

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT/DIRECTOR ☒ Change ☐ Addition
NAME DAVID L. COLE
STREET ADDRESS 200 E Randolph Street
CITY-ST-ZIP CHICAGO, ILLINOIS 60601

TITLE VICE PRESIDENT ☒ Change ☐ Addition
NAME JEROME I BAER
STREET ADDRESS 200 E RANDOLPH STREET
CITY-ST-ZIP CHICAGO ILLINOIS 60601

TITLE DIRECTOR ☒ Change ☐ Addition
NAME JOHN-FREDERICK HOFMANN
STREET ADDRESS 200 E Randolph Street
CITY-ST-ZIP CHICAGO ILLINOIS 60601

TITLE SECRETARY ☒ Change ☐ Addition
NAME RONALD D MARKOVITS
STREET ADDRESS 200 E RANDOLPH STREET
CITY-ST-ZIP CHICAGO, ILLINOIS 60601

TITLE TREASURER ☒ Change ☐ Addition
NAME DIANE M. AIGOTTI
STREET ADDRESS 200 E RANDOLPH STREET
CITY-ST-ZIP CHICAGO ILLINOIS 60601

TITLE ☐ Change ☐ 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:

Jerome I. Baer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DATE 7/8/02 DAYTIME PHONE # 312-381-1000

CR2E034 (4/02)