

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **J95487**

1. Entity Name

**TSCF (2001) CORPORATION**

**FILED**  
**Aug 03, 2000 8:00 am**  
**Secretary of State**

08-03-2000 90039 042 \*\*\*550.00

Principal Place of Business

Mailing Address

**101 5TH AVENUE  
1200 SOUTH PINE ISLAND ROAD  
ROCKFORD IL 61104  
US**

**435 N MICHIGAN AVENUE  
SUITE 600  
CHICAGO IL 60611  
US**

2. Principal Place of Business

3. Mailing Address

**435 N. Michigan Avenue  
Suite, Apt. #, etc.  
Suite 600**

Suite, Apt. #, etc.

**Chicago, IL**

City & State

**60611**

**USA**

Zip

Country

4. FEI Number

**59-2849271**

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  
% 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 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, 2000 Min. 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 STREET ADDRESS CITY-ST-ZIP	PD MCGUIRE, MARK 1060 WEST ADDISON CHICAGO IL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Long, Joe O. 435 N. Michigan Avenue Suite 600 Chicago, IL 60611	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KENNEY, CRANE H 435 NORTH MICHIGAN AVE. SUITE 600 CHICAGO IL 60611	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT KOWAL, CONRAD 1060 WEST ADDISON STREET CHICAGO IL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT Granat, David J. 435 N. Michigan Avenue Suite 600 Chicago, IL 60611	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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

**Crane H. Kenney**

**7-11-2000**

Date

**312-222-3277**

Daytime Phone #

Attachment # J95487  
DW74488

Tribune Company  
435 North Michigan Avenue  
Chicago, Illinois 60611-4001

# TRIBUNE

312/222-9100

July 28, 2000

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

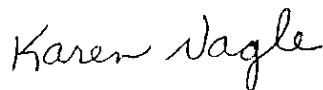
Dear Sir/Madam:

We are in receipt of your Letter Number 500A00039804, dated July 20, 2000 regarding the Annual Report/Uniform Business Report. The check that was returned which was not for Tribune Company, if you refer to the attached letter dated July 14, 2000 we inadvertently sent the check without the Uniform Business Report.

Attached please find a copy of the Uniform Business Report, (original report was sent July 14), copy of July 14 letter and a copy of the letter from Florida Department of State. Also enclosed is the check that was returned to us. Please apply the check to the copy of the Uniform Business Report, Document # J95487.

If you should have any questions please do not hesitate to contact me at 312-222-3278.

Sincerely



Karen Nagle

Enclosure  
As Stated

Tribune Company  
435 North Michigan Avenue  
Chicago, Illinois 60611-4001

# TRIBUNE

Attachment # J95481  
PW76428

312/222-9100

July 14, 2000

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

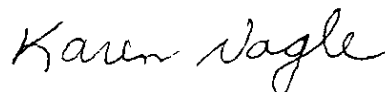
Dear Sir/Madam:

Enclosed please find Document # J95487, the 2000 Uniform Business Report (UBR) for TSCF (2001) Corporation. The payment for this report was inadvertently sent on July 13, 2000 without the Uniform Business Report. The Company name on the check is **Tribune** and the check contains the following information:

**Payee Name:** Department of State  
Division of Corporations  
Uniform Business Report Filings  
**Address:** P.O. Box 1500  
Tallahassee, FL 32302-1500  
**Check Number:** 01866224  
**Check Date:** 07/11/00  
**Invoice Date:** 07/10/00  
**Voucher Number:** 959976  
**Gross Amount:** \$550.00  
**Net Amount:** \$550.00

If further information is needed please do not hesitate to contact me at 312-222-3278.

Sincerely,



Karen Nagle

Enclosure  
As Stated