

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

0567805

DOCUMENT # J95487

1. Entity Name

TSCF (2001) CORPORATION

05-03-2001 90082 037 ***150.00

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City **Tallahassee**

FL Zip Code **32301**

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 type="checkbox"/> Delete
NAME	LONG, JOE O	
STREET ADDRESS	435 N MICHIGAN AVENUE STE 600	
CITY-ST-ZIP	CHICAGO IL 60611	
TITLE	S	<input type="checkbox"/> Delete
NAME	KENNEY, CRANE H	
STREET ADDRESS	435 NORTH MICHIGAN AVE. SUITE 600	
CITY-ST-ZIP	CHICAGO IL 60611	
TITLE	VT	<input type="checkbox"/> Delete
NAME	GRANAT, DAVID J	
STREET ADDRESS	435 NORTH MICHIGAN AVENUE STE 600	
CITY-ST-ZIP	CHICAGO IL 60611	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Crane H. Kenney
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Crane H. Kenney 4-20-2001 312-222-3277

Date

Daytime Phone #

CR2E034 (10/00)