

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90048 017 \*\*\*\*50.00

**DOCUMENT # M01000000006**

1. Entity Name  
**FISHER-ANDERSON, L.C.**



Principal Place of Business

**1370 N.W. 114TH ST., STE. 300  
CLIVE IA 50325**

Mailing Address

**1370 N.W. 114TH ST., STE. 300  
CLIVE IA 50325**

2. Principal Place of Business

3. Mailing Address

**9665 CHESAPEAKE DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite #305**

City & State

City & State

**SAN DIEGO CA**

Zip

Country

Zip

Country

**92123**

**SAN DIEGO**

4. FEI Number **42-1443896**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **VP** ☐ Delete  
NAME **MARCAP CORPORATION**  
STREET ADDRESS **20 NORTH WACKER DR STE 2150**  
CITY-ST-ZIP **CHICAGO IL 60606**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)

Attachment

20019484  
#MO/000000006

**FISHER ANDERSON, LLC**  
**OFFICERS AND DIRECTORS**

**JOHN D. NICHOLS**

Director and Chairman  
225 West Washington Street  
Suite 1900  
Chicago, IL 60606

Home Address

900 Mount Pleasant  
Winneka, IL  
SS# 150-22-4370

**ROBERT C. GLUTH**

President, Treasurer and Director  
225 West Washington Street  
Suite 1900  
Chicago, IL 60606

1725 North Cleveland  
Chicago, IL  
SS# 388-18-0066

**S. RONALD STONE**

Vice President and General Manager  
20 N. Wacker Drive, Suite 2150  
Chicago, IL 60606

2225 North Dayton  
Chicago, IL  
SS# 118-26-4106

**JOHN W. WELLHAUSEN**

Vice President and Chief Financial Officer  
20 N. Wacker Drive, Suite 2150  
Chicago, IL 60606

408 Craig Court  
Chicago, IL  
SS# 359-46-6742

**ROBERT W. WEBB**

Secretary and General Counsel  
225 West Washington Street  
Suite 1900  
Chicago, IL 60606

120 W. Blackthorn Lane  
Lake Forest, IL  
SS# 360-32-3759

**DOUG VANDERSCHAAF**

Controller / Vice President  
20 N. Wacker Drive, Suite 2150  
Chicago, IL 60606

2911 Leven Avenue  
New Lenox, IL  
SS# 483-86-7200

**ELLEN LIM**

Controller  
9665 Chesapeake Drive, Suite 305  
San Diego, CA 92123

23553 Daylight Place  
Ramona, CA 92065