

2001 UNIFORM BUSINESS REPORT (UBR)

102

0029692 AF

DOCUMENT # M97000000564

1. Entity Name
COVIA LLC

FILED

01 FEB 14 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**1200 EAST ALGONQUIN ROAD
ELK GROVE TOWNSHIP IL 60007**

Mailing Address
**P.O. BOX 66100
ATTN: WHOCT
CHICAGO IL 60666-0100**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **UNITED AIR LINES, INC.**
STREET ADDRESS **1200 EAST ALGONQUIN ROAD**
CITY-ST-ZIP **ELK GROVE TOWNSHIP IL 60007**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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

Jeffrey T. Hawalsky
JEFFREY T. HAWALSKY

1/31/01 (847) 700-4057

Date Daytime Phone #

CR2E083 (11/00)

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COVIA LLC

OFFICERS

DOUGLAS A. HACKER
President
1200 E. Algonquin Road
Elk Grove Township, Illinois 60007

FREDERIC F. BRACE
Vice President &
Treasurer
1200 E. Algonquin Road
Elk Grove Township, Illinois 60007

FRANCESCA M. MAHER
Vice President & Secretary
1200 E. Algonquin Road
Elk Grove Township, Illinois 60007

JEFFREY T. KAWALSKY
Assistant Treasurer
1200 E. Algonquin Road
Elk Grove Township, Illinois 60007

MARY JO C. GEORGEN
Assistant Secretary
1200 E. Algonquin Road
Elk Grove Township, Illinois 60007