

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001137

1. Entity Name
MONTGOMERY WARD, LLC

APPROVED
AND
FILED

00 APR 30 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
535 WEST CHICAGO AVENUE
CHICAGO IL 60671

Mailing Address
535 WEST CHICAGO AVENUE
CHICAGO IL 60671-0001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-4299103

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

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

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

300003256623--1
-05/18/00--01012--008

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM ☐ Delete
STREET ADDRESS MONTGOMERY WARD & CO., INCORPORATED
CITY-ST-ZIP 535 WEST CHICAGO AVENUE
CHICAGO IL 60671

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME COB and CEO - MGRa ☐ Change ☒ Addition
STREET ADDRESS Roger V. Goddu
CITY-ST-ZIP 535 West Chicago Ave
Chicago, IL 60671

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME EVP, Secretary - MGR ☐ Change ☒ Addition
STREET ADDRESS Spencer H. Heine
CITY-ST-ZIP 535 West Chicago Ave.
Chicago, IL 60671

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME VP & Treasurer - MGR ☐ Change ☒ Addition
STREET ADDRESS Douglas V. Gathany
CITY-ST-ZIP 535 West Chicago Ave.
Chicago IL 60671

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME EVP & CFO - MGR ☐ Change ☒ Addition
STREET ADDRESS Thomas J. Paup
CITY-ST-ZIP 535 West Chicago Ave.
Chicago, IL 60671

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Assistant Secretary - MGR ☐ Change ☒ Addition
STREET ADDRESS Kenneth P. Hansen
CITY-ST-ZIP 535 West, Chicago Ave.
Chicago, IL 60671

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 RE Kenneth P. Hansen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

03/09/2000

(312) 467 4914

Date

Daytime Phone #

CR2E083 (9/99)