

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001951

1. Entity Name

SUEMAC ROAD, LLC

Principal Place of Business

C/O HSA COMMERCIAL
180 N. WACKER DR., SUITE 500
CHICAGO IL 60606

Mailing Address

C/O HSA COMMERCIAL
180 N. WACKER DR., SUITE 500
CHICAGO IL 60606

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

36-4323975

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

LEXIS DOCUMENT SERVICES INC.
3953 WW KELLEY ROAD
TALLAHASSEE FL 32311

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

9. MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

TITLE NAME MGRM SHAFFER, JOHN E ☐ Delete
STREET ADDRESS 180 N. WACKER DR., SUITE 500
CITY-ST-ZIP CHICAGO IL 60606

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 200003907952--8
CITY-ST-ZIP -03/23/01--01085--007
*****50.00 *****50.00

TITLE NAME MGRM SMETANA, ROBERT E ☐ Delete
STREET ADDRESS 180 N. WACKER DR., SUITE 500
CITY-ST-ZIP CHICAGO IL 60606

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

TITLE NAME MGRM MANOFSKY, CARL ☐ Delete
STREET ADDRESS 180 N. WACKER DR., SUITE 500
CITY-ST-ZIP CHICAGO IL 60606

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

TITLE NAME MGRM LUBY, TIMOTHY ☐ Delete
STREET ADDRESS 180 N. WACKER DR., SUITE 500
CITY-ST-ZIP CHICAGO IL 60606

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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 REQUIRED

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

John E. Shaffer, MGRM

Date

2/9/00 (312) 332-3555

Daytime Phone #

CR2E083 (11/00)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAR -7 PM 4:12



DO NOT WRITE IN THIS SPACE