

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01474

1. Entity Name

ROBERT SURREY, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90067 002 ***150.00

Principal Place of Business

Mailing Address

101 NORTH WACKER DRIVE
 CHICAGO IL 60606

101 NORTH WACKER DRIVE
 C/O HARTMARX CORP.
 CHICAGO IL 60606-1718
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-6163392**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
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 _____

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	PATEL, HOMI B	
STREET ADDRESS	101 N. WACKER	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MORGAN, GLENN R.	
STREET ADDRESS	101 N WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	CONDON, JAMES E.	
STREET ADDRESS	101 N WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PROCZKO, TARAS R	
STREET ADDRESS	101 N WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	AT	<input type="checkbox"/> Delete
NAME	SWAPA, RAYMOND	
STREET ADDRESS	101 N WACKER DR	
CITY-ST-ZIP	CHICAGO IL	
TITLE	AT	<input type="checkbox"/> Delete
NAME	ZAHR, ANDREW	
STREET ADDRESS	101 N WACKER DR	
CITY-ST-ZIP	CHICAGO IL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 life empowered.

SIGNATURE: _____

Taras R. Proczko
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Taras R. Proczko, Secretary

3/29/00
 Date

312 357-5321
 Daytime Phone #

CR2E034 (9/99)