

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90078 016 ***150.00

DOCUMENT # P01474

1. Entity Name
ROBERT SURREY, INC.

Principal Place of Business
**101 NORTH WACKER DRIVE
 CHICAGO IL 60606**

Mailing Address
**101 NORTH WACKER DRIVE
 C/O HARTMARX CORP.
 CHICAGO IL 60606
 US ****



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 **36-6163392**

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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		
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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
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 like empowered.

SIGNATURE: Taras R. Proczo Taras R. Proczo, Secretary 3/26/01 (312) 357-5321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)