

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90141 036 ***150.00

DOCUMENT # P04113

1. Entity Name
GROUP ADMINISTRATION AGENCY, INC.

Principal Place of Business

20 NORTH WACKER DRIVE
SUITE 2700
CHICAGO IL 60606
US

Mailing Address

20 NORTH WACKER DRIVE
SUITE 2700
CHICAGO IL 60606
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-2660464

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

SUSNARA, LEONA K.
1121 RIVIERA STREET
VENICE FL 34285

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)

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FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
LYNCH, JAMES A.
20 NORTH WACKER DRIVE
CHICAGO IL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
MCDOWELL, JOHN W.
20 NORTH WACKER DRIVE
CHICAGO IL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
SUSNARA, LEONA K.
20 NORTH WACKER DRIVE
CHICAGO IL

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
TRACY, ROSEMARIE
20 NORTH WACKER DR.
CHICAGO IL

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
WOODS, WILLIAM C II
20 NO WACKER DR
CHICAGO IL

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STREET ADDRESS
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CITY-ST-ZIP

☐ Change ☐ Addition

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:

Leona K. Susnara
LEONA K. SUSNARA, Corporate Secretary

March 11, 2002 (312) 372-0973

Date

Daytime Phone #

CR2E034 (9/01)