

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90012 030 ***150.00

DOCUMENT # P06917

1. Entity Name

ASSOCIATION CONSULTANTS, INC.

Principal Place of Business

Mailing Address

**600 WEST FULTON STREET
 CHICAGO IL 60661-1110**

**20 MOORES RD.
 FRAZER PA 19355-1114
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-3340427

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

**DIBARTOLOMEO, JOSEPH
 8400 BIRD ROAD
 MIAMI FL 33155**

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: **S** Delete
 NAME: **HAAS, SARA**
 STREET ADDRESS: **20 MOORES RD**
 CITY-ST-ZIP: **FRAZER PA**

TITLE: **S** Change Addition
 NAME: **Hugh McAdorey**
 STREET ADDRESS: **520 Park Avenue**
 CITY-ST-ZIP: **Baltimore, MD 21201**

TITLE: **TD** Delete
 NAME: **NOONE, JOSEPH C**
 STREET ADDRESS: **20 MOORES RD.**
 CITY-ST-ZIP: **FRAZER PA**

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

TITLE: **TD** Delete
 NAME: **BRADY, DENNIS E**
 STREET ADDRESS: **20 MOORES RD**
 CITY-ST-ZIP: **FRAZER PA**

TITLE: **P** Change Addition
 NAME: **Brian A. Smith**
 STREET ADDRESS: **20 Moores Road**
 CITY-ST-ZIP: **Frazer, PA 19355**

TITLE: **AS** Delete
 NAME: **LYONS, COLLEEN S**
 STREET ADDRESS: **400 W MARKET ST**
 CITY-ST-ZIP: **LOUISVILLE KY**

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

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

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

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 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:

Brian A. Smith
Brian A. Smith

3/2/00

Date

610-648-5000

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CF - 012 - 01/01