

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P11945

1. Entity Name
GAYLORD CONTAINER CORPORATION

Principal Place of Business
500 LAKE COOK RD STE. 400
DEERFIELD IL 60015

Mailing Address
500 LAKE COOK RD STE. 400
DEERFIELD IL 60015

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

James M. Halpin
Assistant Secretary

(NOTE: Registered Agent signature required when reinstating)

DATE

11/2/01

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 \$550.00

After September 12, 2001 Fee will be \$750.00
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 VP
NAME PARK, JEFFREY B
STREET ADDRESS 500 LAKE COOK RD. #400
CITY-ST-ZIP CHICAGO IL ☐ Delete

TITLE S
NAME TANAKA, DAVID F.
STREET ADDRESS 500 LAKE COOK RD STE 400
CITY-ST-ZIP DEERFIELD IL ☐ Delete

TITLE CD
NAME POMERANTZ, MARVIN A.
STREET ADDRESS 500 LAKE COOK RD. #400
CITY-ST-ZIP CHICAGO IL ☐ Delete

TITLE D
NAME HAYFORD, WARREN J.
STREET ADDRESS 500 LAKE COOK RD. #400
CITY-ST-ZIP CHICAGO IL ☐ Delete

TITLE D
NAME HAWKINS, DAVID B.
STREET ADDRESS 4700 WESTOWN PARKWAY
CITY-ST-ZIP W. DES MOINES IA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
100004703291--6
-12/04/01--01010--018
****750.00 ****750.00

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

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

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

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

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/21/01

847-267-4218

FILED

01 NOV 13 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

4. FEI Number 36-3472452

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

0130563 AT

CR2E034 (5/01)