FILED
Jul 08, 2002 8:00 am
Secretary of State

07-08-2002 90236 017 ***550.00

FOR PROFIT CORPORATION
2001 UNIFORM BUSINESS REPORT (UBR)

80127434

DOCUMENT # P18762

1. Entity Name

A. LAKIN + SONS, INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
2044 N. DOMINICK ST.	2044 N. DOMINICK ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CHICAGO, IL	City & State: CHICAGO, IL
Zip: 60614 Country: U.S.A.	Zip: 60614 Country: U.S.A.

4. FEI Number: 36-3338340 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

City: TALLAHASSEE FL Zip Code: 32301

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) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	COBD
NAME	LAKIN, LEWIS G.
STREET ADDRESS	2044 N. DOMINICK ST.
CITY-ST-ZIP	CHICAGO, IL 60614
TITLE	P
NAME	LAKIN, KENNETH
STREET ADDRESS	2044 N. DOMINICK ST.
CITY-ST-ZIP	CHICAGO, IL 60614
TITLE	VP
NAME	GUST, RICHARD
STREET ADDRESS	2044 N. DOMINICK ST.
CITY-ST-ZIP	CHICAGO, IL 60614
TITLE	ST
NAME	GRAMMER, ROBERT
STREET ADDRESS	2044 N. DOMINICK ST.
CITY-ST-ZIP	CHICAGO, IL 60614
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 7.2.2002 (773) 871-9635

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #