2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P20234

1. Entity Name

JOHN P. PEARL & ASSOCIATES, LTD., INCORPORATED

Principal Place of Business

Mailing Address

1200 E. GLEN AVE. PEORIA HEIGHTS IL 61614-5348

2. Principal Place of Business

Suite, Apt. #, etc.

1200 E. GLEN AVE.

3. Mailing Address

Suite, Apt. #, etc.

PEORIA HEIGHTS IL 61614-5348

FILED Jul 22, 2002 8:00 am Secretary of State

07-22-2002 90158 018 ***150.00



DO NOT WRITE IN THIS SPACE

City & State		City & State 4. I		FEI Number 37-0817309	Applied For Not Applicable				
Zip 61616-	Country	Zip 61616-5348	Country	5.	Certificate of Status Desired		8.75 Ad		
<u> </u>	6. Name and Address of Current Re			7. 1	Name and Address of New Regis				
	and the same of th		Name				,		
PRENTICE-HALL CORPORATION SYSTEM, INC.									
1202 HAYES STREET			Street Ado	Street Address (P.O. Box Number is Not Acceptable)					
SUITE 10					11300		-		
TALLAHA	SSEE FL 32301		City			FL	Zip Cod	le	
the obligat	named entity submits this statement for the ions of registered agent.	ne purpose of changing its	registered office or re	egistered ag	ent, or both, in the State of Florida	. I am fa	miliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable. (NOTE	: Registered Agent signature	required when re	einstating)	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 After September 13, 2002 I Make Check Payable to De				\$750.00	Election Campaign Finance Trust Fund Contribution.	ing 🔲		0 May Be d to Fees	
11.	OFFICERS AND DI	RECTORS	12.	AD	DITIONS/CHANGES TO OFFICER	RS AND D	DIRECTOR	S IN 11	
TITLE	CD	☐ Delete	TITLE				Change	☐ Addition	
NAME	PEARL, JOHN P.		NAME				_ •	_	
STREET ADDRESS	1200 E. GLEN AVE.		STREET ADDRESS					:	
CITY-ST-ZIP	PEORIA HEIGHTS IL 61614-5348	•	CITY-ST-ZIP						
TITLE	P	☐ Delete	TITLE			[_ Change	☐ Addition	
NAME	PEARL, GARY P		NAME						
STREET ADDRESS	1200 E. GLEN AVE.		STREET ADDRESS						
CITY-ST-ZIP	PEORIA HEIGHTS IL		CITY-ST-ZIP						
_TITLE		Delete	_TITLE		-	[Change	Addition	
NAME	HAGEMANN, JAMES M.		NAME						
STREET ADDRESS	1200 E. GLEN AVE.		STREET ADDRESS						
CITY-ST-ZIP	PEORIA HEIGHTS IL 61614-5348		CITY-ST-ZIP						
TITLE .	DT	□ Delete	TITLE		1731-7-		Change	☐ Addition	
NAME	RETZER, EUGENE F.		NAME					_	
STREET ADDRESS	1200 E. GLEN HEIGHTS		STREET ADDRESS						
CITY-ST-ZIP	PEORIA HEIGHTS IL 61614-5348		CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				Change	Addition	
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				Change	Addition	
NAME			NAME				-		
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
13. I hereby o	ertify that the information supplied with thi	s filing does not qualify for t	the exemption stated	in Section 1	19.07(3)(i), Florida Statutes. I furth	er certify	that the in	formation	

of the corporation or the receiver of made under oath; that I am an officer or director of the corporation or the receiver of made under oath; that I am an officer or director of the corporation or the receiver of made under oath; that I am an officer or director of the corporation or the receiver of made under oath; that I am an officer or director of the corporation or the receiver of made under oath; that I am an officer or director of the corporation or the receiver of made under oath; that I am an officer or director of the corporation or the receiver of made under oath; that I am an officer or director of the corporation or the receiver of made under oath; that I am an officer or director of the corporation or the receiver of made under oath; that I am an officer or director of the corporation or the receiver of made under oath; that I am an officer or director of the corporation or the receiver of made under oath; that I am an officer or director of the corporation of the receiver of made under oath; that I am an officer or director of the corporation of the receiver of made under oath; that I am an officer or director of the corporation of the receiver of made under oath; that I am an officer or director of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of

SIGNATURE:



John P. Pearl & Associates, Ltd.

INSURANCE

150130433

1200 EAST GLEN AVENUE • PEORIA HEIGHTS, IL 61614-5348 • (309) 688-9000 FAX (309) 688-5444 • http://www.pearlins.com

July 12, 2002

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Dear Sir:

We did not receive prior notice for the UBR this year. I phoned the number on the form today and the representative I spoke with stated we could just pay the \$150.00 fee. She stated we would not be charged the \$400.00 late fee.

Thank you, for all your help. Please send all future UBR to Mary Helms SILAA, Licensing & Compliance Manager at the above address and payment will be sent promptly.

Sincerely,

JOHN P. PEARL & ASSOCIATES, LTD.

James M. Hagemann Corporate Secretary