

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90098 031 ***150.00

DOCUMENT # P23476

1. Entity Name

A.J. GERRARD & COMPANY

Principal Place of Business

Mailing Address

**EAST TOUHY AVENUE
 PLAINES IL 60018**

**400 EAST TOUHY AVENUE
 DES PLAINES IL 60018-2608**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-2070817

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

**ZUPONECK, BOB
 7037 COMMONWEALTH AVENUE
 JACKSONVILLE FL 32220**

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	PD	<input type="checkbox"/> Delete
NAME	TAKO, ANTHONY	
STREET ADDRESS	400 EAST TOUHY AVENUE	
CITY-ST-ZIP	DES PLAINES IL 60018	
TITLE	T	<input type="checkbox"/> Delete
NAME	WOLF, JORDAN C	
STREET ADDRESS	400 EAST TOUHY AVENUE	
CITY-ST-ZIP	DES PLAINES IL 60018	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCPHEE, BRUCE	
STREET ADDRESS	400 EAST TOUHY AVENUE	
CITY-ST-ZIP	DES PLAINES IL 60018	
TITLE	D	<input type="checkbox"/> Delete
NAME	AUGUSTINE, RICHARD J	
STREET ADDRESS	400 EAST TOUHY AVENUE	
CITY-ST-ZIP	DES PLAINES IL 60018	
TITLE	D	<input type="checkbox"/> Delete
NAME	EHLERT, C. JAMES JR	
STREET ADDRESS	400 EAST TOUHY AVENUE	
CITY-ST-ZIP	DES PLAINES IL 60018	
TITLE	D	<input type="checkbox"/> Delete
NAME	ACHESON, MARCUS	
STREET ADDRESS	400 EAST TOUHY AVENUE	
CITY-ST-ZIP	DES PLAINES IL 60018	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Jordan Wolf
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/06/00
 Date

847-299-8000
 Daytime Phone #

CR2E034 (9/99)