

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P24718

1. Entity Name

OHIO TRANSFORMER, INC.

**FILED**  
**Apr 29, 2000 8:00 am**  
**Secretary of State**

04-29-2000 90014 036 \*\*\*150.00

Principal Place of Business

Mailing Address

1776 CONSTITUTION AVENUE  
LOUISVILLE OH 44641  
US

130 E. RANDOLPH DRIVE  
SUITE 2900  
CHICAGO IL 60601-6309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

34-0926742

Applied For

Not Applicable

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

NRAI SERVICES, INC.  
526 E. PARK AVENUE  
TALLAHASSEE FL 32301

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 ☐ Delete  
NAME WILLIAMS, JERRY O  
STREET ADDRESS 2750 SHERIDAN ROAD  
CITY-ST-ZIP EVANSVILLE IL 60201-1728

TITLE PD ☒ Change ☐ Addition  
NAME Williams, Jerry O.  
STREET ADDRESS 1459 Ammer Road  
CITY-ST-ZIP Glenview, IL 60025

TITLE V ☒ Delete  
NAME BIESACK, DONALD A  
STREET ADDRESS 1350 NO. LAKE SHORE DR., #1912-S  
CITY-ST-ZIP CHICAGO IL 60610

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

TITLE VS ☐ Delete  
NAME FITZPATRICK, THOMAS M  
STREET ADDRESS 5514 S. HARPER AVE.  
CITY-ST-ZIP CHICAGO IL 60637

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

TITLE V ☒ Delete  
NAME SALADINO, JOHN A  
STREET ADDRESS 130 E. RANDOLPH DRIVE, STE 2900  
CITY-ST-ZIP CHICAGO IL 60601

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

TITLE VTS ☐ Delete  
NAME HELME, JOSEPH W JR  
STREET ADDRESS 408 W. 51ST ST.  
CITY-ST-ZIP WESTERN SPRINGS IL 60558

TITLE VTS ☒ Change ☐ Addition  
NAME Helme, Joseph W., Jr.  
STREET ADDRESS 5210 Central Avenue  
CITY-ST-ZIP Western Springs, IL 60558

TITLE D ☐ Delete  
NAME BORDEN, JOHN  
STREET ADDRESS 30865 RIVER CROSSING 290159  
CITY-ST-ZIP BIRMINGHAM FALLS MI 48025

TITLE D ☐ Change ☒ Addition  
NAME Kelleher, Timothy R.  
STREET ADDRESS 540 Madison Avenue  
CITY-ST-ZIP New York, NY 10022

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:

*Joseph W. Helme, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.25.00

Date

312-2284400

Daytime Phone #

CR2E034 (9/99)