

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90055 001 ***150.00

DOCUMENT # P24718

1. Entity Name

OHIO TRANSFORMER, INC.

Principal Place of Business

**1776 CONSTITUTION AVENUE
 LOUISVILLE OH 44641
 US**

Mailing Address

**130 E. RANDOLPH DRIVE
 SUITE 2900
 CHICAGO IL 60601-6207**

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, 2001 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 checked="" type="checkbox"/> Delete
NAME	WILLIAMS, JERRY O	
STREET ADDRESS	1459 AMMER ROAD	
CITY-ST-ZIP	GLENVIEW IL 60025	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BIESACK, DONALD A	
STREET ADDRESS	1350 NO. LAKE SHORE DR., #1912-S	
CITY-ST-ZIP	CHICAGO IL 60610	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	FITZPATRICK, THOMAS M	
STREET ADDRESS	5514 S. HARPER AVE.	
CITY-ST-ZIP	CHICAGO IL 60637	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELLEHER, TIMOTHY R	
STREET ADDRESS	540 MADISON AVE	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	VTS	<input checked="" type="checkbox"/> Delete
NAME	HELME, JOSEPH W JR	
STREET ADDRESS	5210 CENTRAL AVE	
CITY-ST-ZIP	WESTERN SPRINGS IL 60558	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BORDEN, JOHN	
STREET ADDRESS	30865 RIVER CROSSING 290159	
CITY-ST-ZIP	BIRMINGHAM FALLS MI 48025	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peter Muldowney	
STREET ADDRESS	130 E. Randolph Dr., Suite 2900	
CITY-ST-ZIP	Chicago, IL 60601	
TITLE	VTS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sherrill S. Speers	
STREET ADDRESS	130 E. Randolph Dr., Suite 2900	
CITY-ST-ZIP	Chicago, IL 60601	
TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lori S. Pelinski	
STREET ADDRESS	130 E. Randolph Dr., Suite 2900	
CITY-ST-ZIP	Chicago, IL 60601	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frank J. Pados	
STREET ADDRESS	540 Madison Ave.	
CITY-ST-ZIP	New York, NY 10022	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John D. Nichols	
STREET ADDRESS	130 E. Randolph Dr., Suite 2900	
CITY-ST-ZIP	Chicago, IL 60601	

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

Date

Daytime Phone #

CR2E034 (10/00)