

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90091 033 \*\*\*150.00

**DOCUMENT # P29701**

1. Entity Name

**HOOSIER FACTORIES INCORPORATED**

Principal Place of Business

Mailing Address

5000 SOUTH OHIO ST.  
 MICHIGAN CITY IN 46360

5000 SOUTH OHIO ST.  
 MICHIGAN CITY IN 46360-7740

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 **35-1103970**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**UNITED STATES CORPORATION COMPANY**  
**1201 HAYS STREET**  
**SUITE 105**  
**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	<input checked="" type="checkbox"/> Delete
NAME	<b>RICKS, ROYDON R</b>	
STREET ADDRESS	<b>5000 SOUTH OHIO ST.</b>	
CITY-ST-ZIP	<b>MICHIGAN CITY IN</b>	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	<b>BELLUSCI, BRUCE</b>	
STREET ADDRESS	<b>5000 S OHIO ST</b>	
CITY-ST-ZIP	<b>MICHIGAN CITY IN</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>MORGAN, GLEN R</b>	
STREET ADDRESS	<b>101 N WACKER DR</b>	
CITY-ST-ZIP	<b>CHICAGO IL</b>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	<b>CONDON, JAMES E</b>	
STREET ADDRESS	<b>101 N. WACKER DR.</b>	
CITY-ST-ZIP	<b>CHICAGO IL</b>	
TITLE	V	<input type="checkbox"/> Delete
NAME	<b>SMITH, THOMAS</b>	
STREET ADDRESS	<b>5000 S OHIO ST</b>	
CITY-ST-ZIP	<b>MICHIGAN CITY IN</b>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>PROCZKO, TARAS R</b>	
STREET ADDRESS	<b>101 N WACKER DR</b>	
CITY-ST-ZIP	<b>CHICAGO IL</b>	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Biegel, Richard L.</b>	
STREET ADDRESS	<b>101 North Wacker Dr. Ste 2300</b>	
CITY-ST-ZIP	<b>Chicago, IL 60606</b>	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Hagen, Aaron C.</b>	
STREET ADDRESS	<b>101 North Wacker Dr Ste 2300</b>	
CITY-ST-ZIP	<b>Chicago, IL 60606</b>	
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
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:

TARAS R. PROCZKO

April 12, 2000 312 357-5321

Date

Daytime Phone #

CR2E034 (9/99)