

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P29701

1. Entity Name

HOOSIER FACTORIES INCORPORATED

Principal Place of Business

**5000 SOUTH OHIO ST.
MICHIGAN CITY IN 46360**

Mailing Address

**5000 SOUTH OHIO ST.
MICHIGAN CITY IN 46360**

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**

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	Biegel, Richard L.	101 North Wacker Dr., Suite 2200	Chicago, IL 60606	<input type="checkbox"/>

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

V	Hagen, Aaron C.	101 North Wacker Dr., Suite 2200	Chicago, IL 60606	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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VD	Morgan, Glenn R.	101 North Wacker Dr., Suite 2300	Chicago, IL 60606	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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TD	Condon, James E	101 North Wacker Dr., Suite 2300	Chicago, IL 60606	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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V	Smith, Thomas	5000 South Ohio St	Michigan City, IN 46360	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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SD	Proczo, Taras R.	101 North Wacker Dr., Suite 2300	Chicago, IL 60606	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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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

April 3, 2001

Date

(312) 357-5321

Daytime Phone #

Taras R. Proczo

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90058 010 ***150.00

C0048902

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)