

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

06/24/24 MB

DOCUMENT # **P29701**

1. Entity Name
HOOSIER FACTORIES INCORPORATED



FILED

03 MAY -6 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BIEGEL, RICHARD L	
STREET ADDRESS	101 NORTH WACKER DRIVE SUITE 2300	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	V	<input type="checkbox"/> Delete
NAME	HAGEN, AARON C	
STREET ADDRESS	101 NORTH WAKER SRIVE SUITE 2300	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MORGAN, GLEN R	
STREET ADDRESS	101 N WACKER DR	
CITY-ST-ZIP	CHICAGO IL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ZAHR, ANDREW A	
STREET ADDRESS	101 N. WACKER DR.	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SMITH, THOMAS	
STREET ADDRESS	5000 S OHIO ST	
CITY-ST-ZIP	MICHIGAN CITY IN	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PROCZKO, TARAS R	
STREET ADDRESS	101 N WACKER DR	
CITY-ST-ZIP	CHICAGO IL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500018306815	
STREET ADDRESS	05/06/03--01106--023	
CITY-ST-ZIP	**450:00	
TITLE	Vice President, Director	<input checked="" 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		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kenneth A. Hoffman	
STREET ADDRESS	101 N. Wacker Dr.	
CITY-ST-ZIP	Chicago, IL 60606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

Handwritten signature/initials

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Cynthia M. Burman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03

(312) 357-5324

Date

Daytime Phone #

CR2E034 (10/02)