

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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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
NAME BIEGEL, RICHARD L
STREET ADDRESS 101 NORTH WACKER DRIVE SUITE 2300
CITY-ST-ZIP CHICAGO IL 60606 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
500018306815
05/06/03--01106--023 **450:00

TITLE V
NAME HAGEN, AARON C
STREET ADDRESS 101 NORTH WACKER DRIVE SUITE 2300
CITY-ST-ZIP CHICAGO IL 60606 ☐ Delete

TITLE
NAME Vice President, Director ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME MORGAN, GLEN R
STREET ADDRESS 101 N WACKER DR
CITY-ST-ZIP CHICAGO IL ☐ Delete

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

TITLE TD
NAME ZAHR, ANDREW A
STREET ADDRESS 101 N. WACKER DR.
CITY-ST-ZIP CHICAGO IL 60606 ☐ Delete

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

TITLE V
NAME SMITH, THOMAS
STREET ADDRESS 5000 S OHIO ST
CITY-ST-ZIP MICHIGAN CITY IN ☒ Delete

TITLE
NAME Director
STREET ADDRESS Kenneth A. Hoffman
CITY-ST-ZIP 101 N. Wacker Dr.
Chicago, IL 60606 ☐ Change ☒ Addition

TITLE SD
NAME PROCZKO, TARAS R
STREET ADDRESS 101 N WACKER DR
CITY-ST-ZIP CHICAGO IL ☐ Delete

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

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)