

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P31871

1. Entity Name

JB ONE, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90373 014 ***150.00

Principal Place of Business

Mailing Address

ONE FIRST NATIONAL PLAZA
 SUITE 0308
 CHICAGO IL 60670-7308

ONE FIRST NATIONAL PLAZA
 SUITE 0308
 CHICAGO IL 60670-0001

2. Principal Place of Business

1 Bank One Plaza

3. Mailing Address

1 Bank One Plaza

Suite, Apt. #, etc.

Suite 0308

Suite, Apt. #, etc.

Suite 0308

City & State

Chicago IL

City & State

Chicago IL

Zip

Country

60670 US

Zip

Country

60670 US



DO NOT WRITE IN THIS SPACE

4. FEI Number

36-3721372

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

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

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 ☐ Delete
 NAME MALEY, JAMES J.
 STREET ADDRESS 1 1ST NAT. PL., #0174
 CITY-ST-ZIP CHICAGO IL

TITLE AT ☐ Change ☒ Addition
 NAME Charles J. Wooding
 STREET ADDRESS 1 Bank One Plaza # 0308
 CITY-ST-ZIP Chicago, IL 60670

TITLE VD ☐ Delete
 NAME BOWER, THOMAS T
 STREET ADDRESS 1 1ST NATL. PLAZA, #0174
 CITY-ST-ZIP CHICAGO IL

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

TITLE S ☐ Delete
 NAME HABICHT, PATRICIA T.
 STREET ADDRESS 1 1ST NAT. PL., #0174
 CITY-ST-ZIP CHICAGO IL

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

TITLE VD ☒ Delete
 NAME FRANKLIN, STEVEN D
 STREET ADDRESS 1 1ST NATL. PLAZA, #0174
 CITY-ST-ZIP CHICAGO IL

TITLE VD ☐ Change ☒ Addition
 NAME Jacqueline P. Yardley
 STREET ADDRESS 1 Bank One Plaza
 CITY-ST-ZIP Chicago IL

TITLE T ☐ Delete
 NAME ROBERTS, WILLIAM J.
 STREET ADDRESS 1 NORTH DEARBORN, #0310
 CITY-ST-ZIP CHICAGO IL

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

TITLE AT ☐ Delete
 NAME WULF, CLARK J.
 STREET ADDRESS 1 1ST NAT. PL. #0308
 CITY-ST-ZIP CHICAGO IL 60670

TITLE ☐ Change ☐ 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:

Charles J. Wooding
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00
 Date

(312) 407-8059
 Daytime Phone #

CR2E034 (9/99)