

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90097 002 \*\*\*150.00

CR07125 AT

**DOCUMENT # P32449**

1. Entity Name

**BRAMBLES ENTERPRISES INC.**

Principal Place of Business

Mailing Address

~~3300 UNIVERSITY DR.~~  
~~AUBURN HILLS MI 48320~~  
~~US~~

~~3300 UNIVERSITY DR.~~  
~~AUBURN HILLS MI 48320~~  
~~US~~

2. Principal Place of Business

3. Mailing Address

**400 N. MICHIGAN AVE**

**400 N. MICHIGAN AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**#610**

**#610**

City & State

City & State

**CHICAGO IL**

**CHICAGO IL**

Zip

Zip

**60611**

Country

Country

**U.S.A.**

**U.S.A.**

4. FEI Number

**52-1660753**

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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**110 NORTH MAGNOLIA STREET**  
**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, 2002 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	PD BERESFORD, MARCUS POST OFFICE BOX 55 N/A REDDITCH, WOR., U.K.	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALKER, K.D. POST OFFICE BOX 55 N/A REDDITCH, WOR., U.K.	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TURNER, D.J. P.O. BOX 55 REDDITCH, WOR., U.K.	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNSON, L.A. ONE NEW YORK PLAZA NEW YORK NY	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANSON, J ONE NEW YORK PLAZA NEW YORK NY	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS TATUM, A.R. 3300 UNIVERSITY DR. AUBURN HILLS MI	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GERARD M. LEITMANN 400 N. MICHIGAN AVE. #610 CHICAGO IL 60611	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVID J. WEBSTER 400 N MICHIGAN AVE. #610 CHICAGO IL 60611	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT V. FARRELL 1 MALQUARIE PLACE, LEVEL 40 GATEWAY SYDNEY NSW 2000 AUSTRALIA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARD HARRIS 57-59 ST. JAMES STREET LONDON ENGLAND SW1A1LD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETER ATKINSON 57-59 ST. JAMES STREET LONDON ENGLAND SW1A1LD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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

**4/30/02**  
 Date

**312-836-0200**  
 Daytime Phone #

CR2E034 (9/01)