

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P33355

1. Entity Name

MCCLIER CORPORATION

Principal Place of Business

401 EAST ILLINOIS ST.  
CHICAGO IL 60611

Mailing Address

401 EAST ILLINOIS ST.  
CHICAGO IL 60611-4395

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

36-3557274

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 ☐ Delete  
NAME D  
STREET ADDRESS MCCULLAGH, GRANT G.  
CITY-ST-ZIP 401 EAST ILLINOIS ST.  
CHICAGO IL 60611

TITLE ☐ Change ☒ Addition  
NAME President  
STREET ADDRESS Thomas J. Rossiter  
CITY-ST-ZIP 401 E. Illinois St.  
Chicago, IL 60611

TITLE ☐ Delete  
NAME VST  
STREET ADDRESS CAVALIER, FRANK N.  
CITY-ST-ZIP 401 EAST ILLINOIS ST.  
CHICAGO IL 60611

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS GRIFFITH, R K  
CITY-ST-ZIP 9250 WILSHIRE BLVD  
LOS ANGELES CA 30010

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

TITLE ☐ Delete  
NAME CFO  
STREET ADDRESS LEVINE, DARRYL J  
CITY-ST-ZIP 401 EAST ILLINOIS ST.  
CHICAGO IL 60611

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/21/00  
Date

312-836-7715  
Daytime Phone #

FILED  
Feb 26, 2000 8:00 am  
Secretary of State

02-26-2000 90016 044 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)