

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90151 030 ***150.00

DOCUMENT # P34991

1. Entity Name
NATIONAL SPORTS UNDERWRITERS, INC.

Principal Place of Business

123 NORTH WACKER DRIVE
CHICAGO IL 60606
US

Mailing Address

P.O. BOX 8264
CHICAGO IL 60680
US

2. Principal Place of Business

200 E Randolph Street

Suite, Apt. #, etc.

Tax DEPT. 4th Floor

3. Mailing Address

P.O. Box 8264

Suite, Apt. #, etc.

City & State

CHICAGO ILLINOIS

City & State

CHICAGO, ILLINOIS

Zip

60601

Country

U.S.A.

Zip

60680-8264

Country

U.S.A.

4. FEI Number

36-1787952

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

TITLE	V	<input type="checkbox"/> Delete
NAME	BAER, JEROME I	
STREET ADDRESS	123 NORTH WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	T	<input type="checkbox"/> Delete
NAME	AIGOTTI, DIANE	
STREET ADDRESS	123 NORTH WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	S	<input type="checkbox"/> Delete
NAME	JESCHKE, ARLENE	
STREET ADDRESS	123 NORTH WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	CD	<input type="checkbox"/> Delete
NAME	O'HALLERAN, MICHAEL D	
STREET ADDRESS	123 NORTH WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	P	<input type="checkbox"/> Delete
NAME	BIXLER, TODD	
STREET ADDRESS	123 NORTH WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOZIOL, DONALD P JR	
STREET ADDRESS	123 NORTH WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL 60606	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAER, JEROME I.	
STREET ADDRESS	200 E RANDOLPH STREET	
CITY-ST-ZIP	CHICAGO, ILLINOIS 60601	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIANE M. AIGOTTI	
STREET ADDRESS	200 E RANDOLPH STREET	
CITY-ST-ZIP	CHICAGO, ILLINOIS 60601	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARLENE JESCHKE	
STREET ADDRESS	200 E RANDOLPH STREET	
CITY-ST-ZIP	CHICAGO, ILLINOIS 60601	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL D O'HALLERAN	
STREET ADDRESS	200 E RANDOLPH STREET	
CITY-ST-ZIP	CHICAGO, ILLINOIS 60601	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIXLER, TODD	
STREET ADDRESS	200 E RANDOLPH STREET	
CITY-ST-ZIP	CHICAGO, ILLINOIS 60601	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALD P. KOZIOL JR.	
STREET ADDRESS	200 E RANDOLPH STREET	
CITY-ST-ZIP	CHICAGO, ILLINOIS 60601	

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:

Jerome I. Baer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/02 312-381-1000
Date Daytime Phone #

CR20034 (9/01)