

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P35445

1. Entity Name
ULTIMATE OUTLET INC.

Principal Place of Business
% TAX DEPT
3500 LACEY RD
DOWNERS GROVE IL 60515

Mailing Address
% TAX DEPT
3500 LACEY RD
DOWNERS GROVE IL 60515

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 **36-3496360**

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, 2001 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	<input type="checkbox"/> Delete
NAME	SIEVERS, JAMES W	
STREET ADDRESS	3500 LACEY RD	
CITY-ST-ZIP	DOWNERS GROVE IL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	MORAN, MICHAEL R.	
STREET ADDRESS	3500 LACEY RD	
CITY-ST-ZIP	DOWNERS GROVE IL	
TITLE	T	<input type="checkbox"/> Delete
NAME	STEELE, JOHN R	
STREET ADDRESS	3500 LACEY RD	
CITY-ST-ZIP	DOWNERS GROVE IL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	DIVIS, DEBORAH B	
STREET ADDRESS	3500 LACEY RD	
CITY-ST-ZIP	DOWNERS GROVE IL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAHLSTRAND, HAROLD S	
STREET ADDRESS	3500 LACEY RD	
CITY-ST-ZIP	DOWNERS GROVE IL	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	BOOTHBY, DAVID	
STREET ADDRESS	3500 LACEY ROAD	
CITY-ST-ZIP	DOWNERS GROVE IL 60515	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Kenneth Zilch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90148 048 ***150.00

C0007802



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)