

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90178 001 \*\*\*143.01  
05-02-2003 90178 002 \*\*\*\*\*6.99

**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**

☐ CHECK HERE IF MAKING CHANGES

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  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1201 HAYS STREET**  
City  
**TALLAHASSEE** FL Zip Code  
**32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete  
NAME **PAYNER, MELLISSA**  
STREET ADDRESS **3500 LACEY RD**  
CITY-ST-ZIP **DOWNERS GROVE IL 60515**

TITLE **P** ☒ Change ☒ Addition  
NAME **GERALYNN MADONNA**  
STREET ADDRESS **3500 LACEY ROAD**  
CITY-ST-ZIP **DOWNERS GROVE, IL 60515**

TITLE **VPD** ☒ Delete  
NAME **CANNATARO, JAMES**  
STREET ADDRESS **3500 LACEY RD**  
CITY-ST-ZIP **DOWNERS GROVE IL 60515**

TITLE **VPD** ☒ Change ☒ Addition  
NAME **JAMES M. BREWSTER**  
STREET ADDRESS **3500 LACEY ROAD**  
CITY-ST-ZIP **DOWNERS GROVE, IL 60515**

TITLE **T** ☐ Delete  
NAME **STEELE, JOHN R**  
STREET ADDRESS **3500 LACEY RD**  
CITY-ST-ZIP **DOWNERS GROVE IL**

TITLE **TD** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **60515**

TITLE **ASD** ☐ Delete  
NAME **ZILCH, KENNETH R**  
STREET ADDRESS **3500 LACEY RD**  
CITY-ST-ZIP **DOWNERS GROVE IL 60515**

TITLE **AS** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☐ Delete  
NAME **SORENSEN, ROBERT H**  
STREET ADDRESS **3500 LACEY ROAD**  
CITY-ST-ZIP **DOWNERS GROVE IL 60515**

TITLE **S** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Change ☒ Addition  
NAME **ALEXANDER BIRKEN**  
STREET ADDRESS **3500 LACEY ROAD**  
CITY-ST-ZIP **DOWNERS GROVE, IL 60515**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03

Date

(630) 769-2158  
Daytime Phone #

CP2E034 (10/02)