

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90350 019 ***150.00

DOCUMENT # P35914			
1. Entity Name SWETT & CRAWFORD OF COLORADO, INC.			
Principal Place of Business 123 N. WACKER DR CHICAGO IL 60606		Mailing Address P.O. BOX 8264 CHICAGO IL 60680	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		State 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. <input type="checkbox"/>		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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO/D HARTOCH, DAVID R <input type="checkbox"/> Delete 123 N WACKER DRIVE CHICAGO IL 60606		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HARDY, ARLENE <input checked="" type="checkbox"/> Delete 123 N WACKER DR CHICAGO IL 60606		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BAER, JEROME I <input type="checkbox"/> Delete 123 N WACKER DR CHICAGO IL 60606		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WARTICK, RONALD D <input type="checkbox"/> Delete 123 N WACKER DR CHICAGO IL 60606		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/COO/D CORNER, THOMAS M <input type="checkbox"/> Delete 123 N WACKER DR CHICAGO IL 60606		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S JESCHKE, ARLENE <input type="checkbox"/> Delete 123 N WACKER DR CHICAGO IL 60606		
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T AIGOTTI, DIANE 123 N WACKER DR CHICAGO IL 60606		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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	<input 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: <i>Jerome I Baer</i>		JEROME I. BAER VP-TAXES <i>4/25/01</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	

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DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)