

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90120 007 ***150.00

DOCUMENT # P38691

1. Entity Name

True North Holdings (Latin America), Inc.

Principal Place of Business

Mailing Address

c/o True North Services
 13801 FNB Parkway
 Omaha, NE 68154

410 True North Services
 13801 FNB Parkway
 Omaha, NE 68154

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

59-1849797

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT Corporation System
 1200 South Pine Plantation 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

FILE NOW!!! FEE IS \$60.00
Make Check Payable to Department of State

9. Officers/Directors/MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Chester, Gary 101 East Erie Street Chicago, IL 60611	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT Ashley, Kenneth 101 East Erie Street Chicago, IL 60611	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/CEO Hollingsworth, Scott 1401 Brickell Avenue Miami, FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Michael L. Schultz 13801 FNB Parkway Omaha, NE 68154	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT Perona, Dale 101 East Erie Street Chicago, IL 60611	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Sec Bryce, Ron 101 East Erie Street Chicago, IL 60611	☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

Michael L. Schultz

Michael L Schultz

4/23/01 402-965-4722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (1/00)