

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P40275

1. Entity Name

HA-LO INDUSTRIES, INC.

**FILED**  
**May 13, 2000 8:00 am**  
**Secretary of State**

05-13-2000 90001 031 \*\*\*150.00

Principal Place of Business Mailing Address  
5980 TOUHY AVE. 5980 TOUHY AVE.  
NILES IL 60714 NILES IL 60714-4610  
US US

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 36-3573412

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND 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

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, 2000 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 CPCE ☐ Delete  
NAME WEISBACH, LOU  
STREET ADDRESS 5980 TOUHY AVE  
CITY-ST-ZIP NILES IL 60714

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

TITLE VC ☐ Delete  
NAME NELSON, LINDEN D  
STREET ADDRESS 5980 TOUHY AVE  
CITY-ST-ZIP NILES IL 60714

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

TITLE CTAS ☒ Delete  
NAME MAGID, RICHARD A  
STREET ADDRESS 5980 TOUHY AVE.  
CITY-ST-ZIP NILES IL 60714

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

TITLE EVP ☒ Delete  
NAME ROBBINS, DAVID C  
STREET ADDRESS 5980 TOUHY AVENUE  
CITY-ST-ZIP NILES IL 60714

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

TITLE CFO ☐ Delete  
NAME KILREA, GREGORY J  
STREET ADDRESS 5980 TOUHY AVENUE  
CITY-ST-ZIP NILES IL 60714

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

TITLE VPFP ☐ Delete  
NAME MARGOLIN, BARRY  
STREET ADDRESS 5980 TOUHY AVENUE  
CITY-ST-ZIP NILES IL 60714

TITLE ☐ Change ☐ 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:

*Barry Margolin* Barry Margolin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

847-647-2300

CR2E034 (9/99)