

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P40388**

1. Entity Name

GOLD KEY LEASE, INC.**FILED**
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91121 030 ***150.00

Principal Place of Business

**600 HART ROAD
BARRINGTON IL 60010**

Mailing Address

**DEPT. 8109
260 LONG RIDGE RD.
STAMFORD CT 06927-9621
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **36-3840801**

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, 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	PCD	<input checked="" type="checkbox"/> Delete
NAME	DERICKSON, SANDRA L.	
STREET ADDRESS	3050 CHARLEMAGNE AVE.	
CITY-ST-ZIP	HOFFMAN ESTATES IL	

TITLE	President / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Daniel Henson	
STREET ADDRESS	540 N. W. Hwy	
CITY-ST-ZIP	Barrington IL 60010	

TITLE	VD	<input type="checkbox"/> Delete
NAME	OSTRANDER, MELVIN D.	
STREET ADDRESS	1507 LAKE SHORE DRIVE	
CITY-ST-ZIP	S. BARRINGTON IL	

TITLE	Asst Treas - Taxes	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Amato	
STREET ADDRESS	260 LONG RIDGE ROAD	
CITY-ST-ZIP	STAMFORD, CT 06927-9622	

TITLE	VD	<input type="checkbox"/> Delete
NAME	VREELAND, MARTIN J.	
STREET ADDRESS	3669 WHISPERING TRAILS	
CITY-ST-ZIP	HOFFMAN ESTATES IL	

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

TITLE	V	<input type="checkbox"/> Delete
NAME	BONGARTEN, KARL J.	
STREET ADDRESS	6 UNIVERSITY CIRCLE	
CITY-ST-ZIP	HAWTHORN WOODS IL	

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

TITLE	VPT	<input type="checkbox"/> Delete
NAME	HYDE, JEFFREY L	
STREET ADDRESS	260 LONG RIDGE RD.	
CITY-ST-ZIP	STAMFORD CT	

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

TITLE	S	<input type="checkbox"/> Delete
NAME	HORTON, JEANNE M.	
STREET ADDRESS	8 DANADA DRIVE	
CITY-ST-ZIP	WHEATON IL	

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: _____

JOHN AMATO

Date

203-357-4544

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)