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

## May 16, 2001 8:00 am Secretary of State DOCUMENT # **P94000058003** 05-16-2001 90013 022 \*\*\*150.00 ALISON ASSOCIATES, INC. Principal Place of Business Mailing Address 759 S FEDERAL HWY 759 S FEDERAL HWY U 74 U V A U SUITE 314 SUITE 314 STUART FL 34994 STUART FL 34994 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3258421 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent امل جامل کیسید داشد شیمانی C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ★ Addition PΠ TITLE President & Director Change TITLE Delete NAME MICKIEWICZ, WAYNE MARKE James P. Roemer 300 N. Zeeb Road STREET ADDRESS STREET ADDRESS 3900 KINROSS LAKES PWY CITY-ST-ZIP CITY-ST-7IP RICHFIELD OH 44286 Ann Arbor, MI 48106 M Delete ☐ Change Addition TITLE TITLE NAME JOHANSSON, NILS A NAME Alan Aldworth STREET ADDRESS 300 N. Zeeb Road STREET ADDRESS 5215 OLD ORCHARD RD CITY-ST-ZIP CITY-ST-7IP SKOKIE IL 60077 Ann Arbor, MI 48:106. X Change Addition TITLE SD ☐ Delete TITLE NAME BUCHARDT, TODD = NAME 300 N. Zeeb Road STREET ADDRESS STREET ADDRESS 5215 OLD ORCHARD RD CITY-ST-ZIP CITY-ST-7IP Ann Arbor, MI 48106 SKOKIE IL 60077 Assistant Treasurer ASAT X Delete TITLE Change Addition TITLE NAME CAULFIELD, EDMUND J NAME Michael Wilhelm STREET ADDRESS 3400 W. Pratt Ave. STREET ADDRESS 5215 OLD ORCHARD RD CITY-ST-ZIP CITY-ST-7IP SKOKIE IL 60077 Lincolnwood, IL 60712 Change TITLE ☐ Delete TITLE Assistant Secretary ✓ Addition NAME NAME Jacqueline A. Musacchia STREET ADDRESS STREET ADDRESS 3900 Kinross Lakes Parkway CITY-ST-ZIP CITY-ST-7IP Richfield, IL 44286 TITLE ☐ Delete TITLE Asst. Sec. & Asst. Treas. ☐ Channe X Addition NAME NAME Kevin Gregory STREET ADDRESS STREET ADDRESS 300 N. Zeeb Road CITY-ST-ZIP

CITY-ST-7IP

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

SIGNATURE:

changed, or on an attachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

with all other like empowered.

Ann Arbor, MI 48106

**FILED** 

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