

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90012 047 \*\*\*150.00

0570695 AV

**DOCUMENT # P95000073105**

1. Entity Name  
**MYRON'S ASSETS INC.**

Principal Place of Business  
**C/O FRYE-LOUIS**  
**225 W WACKER DR., #1000**  
**CHICAGO IL 60606**

Mailing Address  
**C/O FRYE-LOUIS**  
**225 W WACKER DR., #1000**  
**CHICAGO IL 60606**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**65-0616007**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

**UNITED CORPORATE SERVICES, INC.**  
**9200 SOUTH DADELAND BLVD.**  
**SUITE 508**  
**MIAMI FL 33156-0000**

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 Taxing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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 ☐ Delete  
 NAME **DVP WICK, MYRON**  
 STREET ADDRESS **944 CHESTNUT ST**  
 CITY-ST-ZIP **SAN FRANCISCO CA 94109**

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

TITLE ☐ Delete  
 NAME **PD WICK, WALTER**  
 STREET ADDRESS **1475 S WILLOW**  
 CITY-ST-ZIP **MANCHESTER NH 03103**

☒ Change ☐ Addition  
 TITLE  
 NAME **Walter Wick**  
 STREET ADDRESS **1046 Madison Ave, Suite 35**  
 CITY-ST-ZIP **New York, NY 10028**

TITLE ☐ Delete  
 NAME **TD CHASE, WENDY**  
 STREET ADDRESS **1055 BUCKMAN RD**  
 CITY-ST-ZIP **SANTA FE NM 87501**

☒ Change ☐ Addition  
 TITLE  
 NAME **CHASE, WENDY**  
 STREET ADDRESS **86 LA JARA RANCH TRAIL**  
 CITY-ST-ZIP **GALISTEO, NM 87540**

TITLE ☐ Delete  
 NAME **DS DEYOUNG, PENELOPE W**  
 STREET ADDRESS **22 INDIAN HILL ROAD**  
 CITY-ST-ZIP **WINNETKA IL 60093**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition  
 TITLE  
 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/14/02 212-472-8330**  
 Date Daytime Phone #

CR2E034 (9/01)