# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 16, 2002 8:00 am**
**Secretary of State**
04-16-2002 90151 034 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000034497

1. Entity Name
JOSEPH U. MOORE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 123 N WACKER DR<br>CHICAGO IL 60606<br>US | P.O. BOX 8264<br>CHICAGO IL 60680<br>US |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 200 E RANDOLPH STREET | |
| Suite, Apt. #, etc.<br>TAX DEPT 4th FLOOR | Suite, Apt. #, etc. |
| City & State<br>CHICAGO, ILLINOIS | City & State |
| Zip: 60601 Country: U.S.A. | Zip: 60680-8264 Country: |

4. FEI Number: 36-4083823 — 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<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION FL 33324 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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, 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 | P ☐ Delete | TITLE | PRESIDENT ☒ Change ☐ Addition |
| NAME | WILCOX, TERRY L | NAME | TERRY L. WILCOX |
| STREET ADDRESS | 123 N. WACKER | STREET ADDRESS | 200 E RANDOLPH STREET |
| CITY-ST-ZIP | CHICAGO IL 60606 | CITY-ST-ZIP | CHICAGO, ILLINOIS 60601 |
| TITLE | T ☐ Delete | TITLE | TREASURER ☒ Change ☐ Addition |
| NAME | AIGOTTI, DIANNE | NAME | DIANE M. AIGOTTI |
| STREET ADDRESS | 123 N WACKER DRIVE | STREET ADDRESS | 200 E RANDOLPH STREET |
| CITY-ST-ZIP | CHICAGO IL 60606 | CITY-ST-ZIP | CHICAGO, ILLINOIS 60601 |
| TITLE | S ☐ Delete | TITLE | SECRETARY ☒ Change ☐ Addition |
| NAME | JESCHKE, ARLENE | NAME | ARLENE JESCHKE |
| STREET ADDRESS | 123 N. WACKER | STREET ADDRESS | 200 E RANDOLPH STREET |
| CITY-ST-ZIP | CHICAGO IL 60606 | CITY-ST-ZIP | CHICAGO, ILLINOIS 60601 |
| TITLE | VPAS ☐ Delete | TITLE | VPAS ☒ Change ☐ Addition |
| NAME | HANNER, JEROME | NAME | JEROME HANNER |
| STREET ADDRESS | 123 N. WACKER | STREET ADDRESS | 200 E RANDOLPH STREET |
| CITY-ST-ZIP | CHICAGO IL 60606 | CITY-ST-ZIP | CHICAGO, ILLINOIS 60601 |
| TITLE | V ☐ Delete | TITLE | VICE PRESIDENT ☒ Change ☐ Addition |
| NAME | BAER, JEROME I | NAME | JEROME I. BAER |
| STREET ADDRESS | 123 N. WACKER | STREET ADDRESS | 200 E RANDOLPH STREET |
| CITY-ST-ZIP | CHICAGO IL 60606 | CITY-ST-ZIP | CHICAGO, ILLINOIS 60601 |
| TITLE | VPAS ☐ Delete | TITLE | VPAS ☒ Change ☐ Addition |
| NAME | LERSCH, RONALD | NAME | RONALD LERSCH |
| STREET ADDRESS | 123 N. WACKER | STREET ADDRESS | 200 E. RANDOLPH STREET |
| CITY-ST-ZIP | CHICAGO IL 60606 | CITY-ST-ZIP | CHICAGO, ILLINOIS 60601 |

CR2E034 (9/01)

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 REQUIRED JEROME I BAER 4/1/02 312-381-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #