

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90293 002 ***150.00

DOCUMENT # P97000010033

1. Entity Name

UNISYN COMPANIES, INC.

Principal Place of Business

%NATIONAL FINANCIAL PARTNERS CORP.
 1301 AVE. OF THE AMERICAS. 30TH FL
 NEW YORK NY 10019

Mailing Address

%NATIONAL FINANCIAL PARTNERS CORP.
 1301 AVE. OF THE AMERICAS. 30TH FL
 NEW YORK NY 10019

2. Principal Place of Business

1800 South Pine Island Rd.

3. Mailing Address

C/O NFP, 500 W. Madison

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 3650

City & State

Plantation, FL

City & State

Chicago, IL

Zip

33324

Country

U.S.

Zip

60661

Country

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0731106

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE ROMpany
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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 **D** ☐ Delete
 NAME **SCHWEIGER, LARRY B**
 STREET ADDRESS **1200 S PINES ISLAND RD, STE 300**
 CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ Change ☐ Addition
 NAME **VP**
 STREET ADDRESS **Lori M. Lieser**
 CITY-ST-ZIP **500 W. Madison, Suite 3650**
Chicago, IL 60661

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **Ross M. Campbell**
 CITY-ST-ZIP **500 W. Madison, Suite 3650**
Chicago, IL 60661

TITLE ☐ Change ☒ Addition
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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

04/24/01

Date

(312) 985-5100

Daytime Phone #

CR2E034 (10/00)