

DOCUMENT # P98000005406

1. Entity Name

MADDOLEE, INC.

Principal Place of Business

Mailing Address

101 E. KENNEDY BLVD.
 SUITE 2000
 TAMPA FL 33602

101 E. KENNEDY BLVD.
 SUITE 2000
 TAMPA FL 33602-5148

2. Principal Place of Business

3. Mailing Address

500 W. Monroe Street

500 W. Monroe Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

30th Floor

30th Floor

City & State

City & State

Chicago, IL

Chicago, IL

Zip

Country

60661

USA

Zip

Country

60661

USA

4. FEI Number

59-3486842

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

MARTINO, PHILIP V
 RUDNICK & WOLFE
 101 E. KENNEDY BLVD., STE. 2000
 TAMPA FL 33602

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's signature required when appointing

D-27

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
ANYWAY MAY 1, 2000 FEE WILL BE \$350.00
 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: N 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: N 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO LALLAS, CONSTANTINE A 101 E. KENNEDY BLVD., STE. 2000 TAMPA FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add on
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS LALLAS, CONSTANTINE A 101 E. KENNEDY BLVD., STE. 2000 TAMPA FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add on
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO NASO, ROBERT 101 E. KENNEDY BLVD., STE. 2000 TAMPA FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT NASO, ROBERT 101 E. KENNEDY BLVD., STE. 2000 TAMPA FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HORNE, ADRIANNE M 101 E. KENNEDY BLVD., STE. 2000 TAMPA FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add on

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 filers empowered.

SIGNATURE:

C. Lallas
 C. Lallas

4/28/00

312-441-7305

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date

Daytime Phone

FILED
 05-04-2000 90229 039 ***150.00
 00 JUN 15 PM 3:22
 SECRETARY OF STATE
 TALLAHASSEE FL 32304



DO NOT WRITE IN THIS SPACE