


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 99000042612	
1. Entity Name Maritime Trust, Inc.	

FILED

03 APR 15 AM 10:23


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 505 E. Illinois St. Suite, Apt. #, etc. Suite One City & State Chicago, IL Zip 60611		3. Mailing Address c/o Inga Scheckel Suite, Apt. #, etc. 115 S. LaSalle St. City & State Chicago, IL Zip 60603	
Country USA		Country USA	

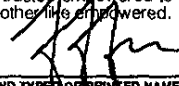
DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 59-3583456		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street City Tallahassee FL Zip Code 32301		

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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>	Laura R. Dunlap as its agent <small>(NOTE: Registered Agent signature required when reinstating)</small>
DATE 4-14-03	

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director & President Albert H. Meers 505 E. Illinois St., Suite One Chicago, IL 60611	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director & Vice President Francis F. Freeman 505 E. Illinois St., Suite One Chicago, IL 60611	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director & Chairman Robert Meers 505 E. Illinois St., Suite One Chicago, IL 60611	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary and Treasurer Susan C. Bendle 505 E. Illinois St., Suite One Chicago, IL 60611	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 10 or on an attachment with an address, with all other like empowered.			
SIGNATURE: 	Vice President	4/3/03	312-464-9600
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>

CR2E034B (12/02)



ACCOUNT NO. : 072100000032

REFERENCE : 038837 4304369

AUTHORIZATION

COST LIMIT

Patricia Pigut
\$ 150.00

ORDER DATE : April 14, 2003

ORDER TIME : 8:40 AM

ORDER NO. : 038837-005

CUSTOMER NO: 4304369

CUSTOMER: Ms. Inga Scheckel
Lord, Bissell & Brook
Suite 3500
115 South Lasalle Street
Chicago, IL 60603

CHANGE OF AGENT

NAME: MARITIME TRUST, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Parramore -- EXT# 1147

EXAMINER: _____

RECEIVED
03 APR 15 AM 10:41
DIVISION OF CORPORATION