

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90066 047 ***150.00

DOCUMENT # S86484

1. Entity Name

CTS FINANCIAL PUBLISHING, INC.

Principal Place of Business

**1201 US HWY ONE
 SUITE 350
 N PALM BCH FL 33408
 US**

Mailing Address

**155 NORTH WACKER DRIVE
 SUITE 900
 CHICAGO IL 60610**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1201 US HWY ONE

SUITE 350

N PALM BCH FL

33408

US



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0287614**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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

TITLE	DC	<input type="checkbox"/> Delete
NAME	KYLE, ROBERT C.	
STREET ADDRESS	605 W MADIONS	4510
CITY-ST-ZIP	CHICAGO IL	60661
TITLE	D	<input type="checkbox"/> Delete
NAME	BLITZ, DENNIS	
STREET ADDRESS	155 NORTH WACKER DRIVE, #900	
CITY-ST-ZIP	CHICAGO IL	60606
TITLE	DV	<input type="checkbox"/> Delete
NAME	KRAUSE, STEVEN E	
STREET ADDRESS	155 NORTH WACKER DRIVE, #900	
CITY-ST-ZIP	CHICAGO IL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COWAN, WILLIAM H.	
STREET ADDRESS	55 EAST MONROE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	P	<input type="checkbox"/> Delete
NAME	VAN NICE, NICK	
STREET ADDRESS	1201 US HWY ONE	350
CITY-ST-ZIP	NORTH PALM BEACH FL	33408
TITLE	D	<input type="checkbox"/> Delete
NAME	KYLE, SCOTT	
STREET ADDRESS	1295 PRISPECT	
CITY-ST-ZIP	LA JOLLA CA	92037

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

Date

Daytime Phone #

04/19/01

561-694-0960

EXT. 209

CR2E034 (10/00)