

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90017 033 ***150.00

0687733

DOCUMENT # 638805

1. Entity Name
HARBOUR ISLAND INC.

Principal Place of Business 2700 SANDERS RD ATTN: TAX DEPT PROSPECT HEIGHTS IL 60070 US	Mailing Address 2700 SANDERS RD ATTN: TAX DEPT 25 PROSPECT HEIGHTS IL 60070 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0256917	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KERR, DAVID C.G. 211 EAST MADISON STREET, 23RD FLOOR TAMPA FL 33602	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME P GILMER, G D	<input type="checkbox"/> Delete	TITLE NAME Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2700 SANDERS RD		STREET ADDRESS B. B. Moss, Jr.	
CITY-ST-ZIP PROSPECT HEIGHTS IL 60070		CITY-ST-ZIP 2700 SANDERS ROAD	
TITLE NAME D BTENKE, S W	<input checked="" type="checkbox"/> Delete	CITY-ST-ZIP PROSPECT HEIGHTS IL 60070	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2700 SANDERS RD		TITLE NAME D VOZAR, S A	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP PROSPECT HEIGHTS IL 60070		STREET ADDRESS 2700 SANDERS RD	
TITLE NAME D DELUCA, M A	<input type="checkbox"/> Delete	CITY-ST-ZIP PROSPECT HEIGHTS IL 60070	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2700 SANDERS RD		TITLE NAME D BLENKE, J W	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP PROSPECT HEIGHTS IL 60070		STREET ADDRESS 2700 SANDERS RD	
TITLE NAME D GILMER, G D	<input type="checkbox"/> Delete	CITY-ST-ZIP PROSPECT HEIGHTS IL 60070	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2700 SANDERS RD		TITLE NAME Assistant Secretary J. m. Angelo	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP PROSPECT HEIGHTS IL 60070		STREET ADDRESS 2700 SANDERS ROAD	
		CITY-ST-ZIP PROSPECT HEIGHTS IL 60070	

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: Joseph M. Angelo **Joseph M. Angelo** 2-7-2001 (847) 564-6058
SIGNED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)