2002 UNIFORM BUSINESS REPORT (UBR)

2002 Uniform Business Report (UBR)								FILED Mar 14, 2002 8:00 am				
DOCUMENT # 804252							Secretary of State					
1. Entity Name											:	
FMC COI	RPORATIO	ON						03-14-2002 9005	59 028 *** 1	50.00	•	
Principal Plac		3	Mailing Address									
200 E. RANDOLPH DRIVE 200 E. RANDOLPH DRIVE CHICAGO IL 60601 CHICAGO IL 60601						}						
ONIONGO IE			ONIONOC IL COODI									
2. Principal P												
Suite, Apt. #, etc. Suite, Apt. #, etc.								DO NOT WRITE IN THIS SPACE				
City & Stat	e		City & State				4. FEI Number Applied For 94-0479804 Not Applicable				e	
Zip	Zip Country		Zip Coun		try	5. Certificate of Status Desired			Fee Red	Additional quired		
	6. Name	and Address of Current R	egistered Agent		Name		7. Na	me and Address of New Regist	ered Agent	 	-	
CT CORPORATION SYSTEM						eet Address (P.O. Box Number is Not Acceptable)						
1200 S. PINE ISLAND ROAD					<u></u>	.					-	
PLANTATION FL 33324										0-1-	4	
	· ·-				City				FL Zip	Code		
SIGNATURE		y submits this statement for or printed name of registered agent ar			ed office or	_		it, or both, in the State of Florida.	DATE			
• •			<u> </u>								\dashv	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After May 1, 200: Make Check Payabl.					will be \$5	50.00		 Election Campaign Financin Trust Fund Contribution. 		5.00 May Be dded to Fees		
11.	= '	OFFICERS AND D	<u> </u>	12.				TIONS/CHANGES TO OFFICER	S AND DIREC	ORS IN 11	\dashv	
TITLE	CEO:		☐ Delete	TITLE		CEO			☐ Chai		¬ [€	
NAME	BURT, R.	N.		NAM				. WALTER			9	
STREET ADDRESS CITY-ST-ZIP	200 E RAI CHICAGO	NDOLPH DR) <u>}</u>	ET ADDRESS -ST-ZIP			ET ST. A. PA 19103			8	
TITLE	V	IL 00001	☐ Delete	TITL		V.P. A		-/	Cha	nge 🔲 Addition	ᅴᅘ	
NAME	MCCLUSKEY, E. M.					l .	. KIM FOSTER					
STREET ADDRESS	DORESS 200 E RANDOLPH DR				ET ADDRESS	1735	35 MARKET ST.					
CITY-\$T-ZIP	CHICAGO	IL 60601			-ST-ZIP	PHILAD SECRE		IA, PA 19103	~: = = = = = = = = = = = = = = = = = = =	The same	-	
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CITY-ST-ZIP	CHICAGO	IL 60601		CITY	-ST-ZIP	PHILAD	ELPH	1A, PA 19103			_	
TITLE NAME	VCF	16.1 Aač.1.1	☐ Delete	TITLE				asurer H. Laws		nge 🔲 Addition	۱	
STREET ADDRESS	SCHUMAN 200 F.RAN	in, w.n. NDOLPH DR		31	ET ADDRESS	1 '		ANDOLPH DRIVE			-	
CITY-ST-ZIP	CHICAGO			CITY	-ST-ZIP	CHICA	GO,	14 60614			_ [
TITLE	٧		☐ Delete	TITLE		DIREC	T012		☐ Char	nge 🔲 Addition	1]	
NAME STREET ADDRESS	MAMBU, F			NAMI	E Et address			A. BRIDGEWATER, JR.			1	
CITY-ST-ZIP	CHICAGO	idolph dr Il 60601		- II	-ST-ZIP			MO 63105			ļ	
TITLE	T ·		☐ Delete	TITLE	:	DIREC	$\overline{}$		☑ Char	nge 🔲 Addition	1	
NAME		STEPHANIE	-	NAM		DR. P.	ATRIC	IA A. BUFFLER	_	-		
STREET ADDRESS CITY-ST-ZIP	200 E RAN CHICAGO	IDOLPH DR II 80801		- 11	et address -st-zip			OF CALIFORNIA, EARL WAR	eren Hall			
13. Thereby o	ertify that the	information supplied with t	nis filling does not qualify for	the exe	motion stat	ed in Secti	ion 119	9.07(3)(i) Florida Statutes I furth	er certify that t	he information	4	
indicated of the cor	on this repor poration or th	t or supplemental report is t e receiver or trustee empov	rue and accurate and that r	ny signat as requii	ure shall ha	ave the sar	me led	al effect as if made under oath; t Statutes; and that my name app	that I am an of	icer or director		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THEODORE H. LAWS ASST. TREASURER

Date

312/861 - 6000 Daytime Phone #