


FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90761 039 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F00000004718

1. Entity Name
MAPLE CHASE COMPANY



Principal Place of Business
**2820 THATCHER RD
 DOWNERS GROVE IL 60515**

Mailing Address
**2820 THATCHER RD
 DOWNERS GROVE IL 60515**



2. Principal Place of Business
191 E. NORTH AVENUE

3. Mailing Address
SAME

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
CAROL STREAM IL

City & State

Zip
60188

Country
USA

Zip

Country

4. FEI Number
84-1325794

Applied For
 Not Applicable

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

8. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing/Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete

NAME **D POWELL, ROD**

STREET ADDRESS **2809 EMERYWOOD PARKWAY**

CITY-ST-ZIP **RICHMOND VA 23294**

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Delete

NAME **DVS DOLAN, TIMOTHY J**

STREET ADDRESS **2809 EMERYWOOD PARKWAY**

CITY-ST-ZIP **RICHMOND VA 23294**

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Delete

NAME **P GAL'OURIS, JOHN**

STREET ADDRESS **2820 THATCHER RD**

CITY-ST-ZIP **DOWNERS GROVE IL 60515**

TITLE Change Addition

NAME **P BONHAM, D ANDREW**

STREET ADDRESS **1701 BYRD AVENUE**

CITY-ST-ZIP **RICHMOND, VA 23230**

TITLE Delete

NAME **V VOLANTE, STEVE**

STREET ADDRESS **2820 THATCHER RD**

CITY-ST-ZIP **DOWNERS GROVE IL 60515**

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Delete

NAME **T WALKER, GLEN**

STREET ADDRESS **2809 EMERYWOOD PARKWAY**

CITY-ST-ZIP **RICHMOND VA 23294**

TITLE Change Addition

NAME **T DOLAN, TIMOTHY J**

STREET ADDRESS **2809 EMERYWOOD PARKWAY**

CITY-ST-ZIP **RICHMOND, VA 23294**

TITLE Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Change Addition

NAME **V FOX, JAMES G.**

STREET ADDRESS **2809 EMERYWOOD PARKWAY**

CITY-ST-ZIP **RICHMOND VA 23294**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SK [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-03 630-260-7157
 Date Daytime Phone #

CR2E034 (10/02)