

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F94000004752**

1. Entity Name
BF USB, INC.

Principal Place of Business
**1780 BURNS AVENUE
ST LOUIS MO 63101**

Mailing Address
**405 THE WEST MALL
SUITE 1000
TORONTO, ONTARIO M9C-5J1**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

43-1688835

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
PALUCH, BRIAN
1780 BURNS AVENUE
ST LOUIS MO 63101** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MELILLO, NICOLA
2070 MAPLE STREET
DES PLAINES IL 60018** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
QUINTILIANI, PETER C
405 THE WEST MALL, SUITE 1000
TORONTO, ONTARIO M9C-5J1** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
KINDON, RAYMOND
135 ONTONABEE DRIVE
KITCHENER ON K2G-4J3** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AT
WAITE, DOUGLAS
405 THE WEST MALL, SUITE 1000
TORONTO, ONTARIO M9C 4Z4 M9C-5J1** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
FERRARO, PETER L
405 THE WEST MALL, SUITE 1000
TORONTO ON M9C-5J1** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
TANNON, JAY M
3200 PROVIDIAN CENTER, 30TH FLOOR
LOUISVILLE KY 40202** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 REQUIRED (NICOLA MELILLO) 9-11-01

Date

Daytime Phone #

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90014 039 ***550.00

00064061



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)

847-6993200