

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90139 050 ***150.00

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

400 QUADRANGLE DRIVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE A

City & State

BOLINGBROOK, ILLINOIS

Zip

Country

60440

USA

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

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

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD MELILLO, NICOLA 2070 MAPLE STREET DES PLAINES IL 60018	☐ Delete
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	V KINDON, RAYMOND 135 ONTONABEE DRIVE KITCHENER ON K2G-4J3	☒ Delete
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	S FERRARO, PETER L 405 THE WEST MALL, SUITE 1000 TORONTO ON M9C-5J1	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS TANNON, JAY M 3200 PROVIDIAN CENTER, 30TH FLOOR LOUISVILLE KY 40202	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR FAUSTO, TONNA VIA O GRASSI, 22/26 COLLECCHIO ITALY	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR AND CHAIRMAN ROBERT CORTESE VIA O GRASSI, 22/26 COLLECCHIO ITALY	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT & CEO GEORGE CHIVARI 400 QUADRANGLE DRIVE, STE. A. BOLINGBROOK ILLINOIS 60440	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MICHAEL T. ROSICKI 405 THE WEST MALL, SUITE 1000 ETOBICOKE, ON M9C 5J1	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR VICE PRESIDENT PETER LOWES 400 QUADRANGLE DRIVE, STE. A. BOLINGBROOK ILLINOIS 60440	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT SECRETARY PAUL ROBERTS 405 THE WEST MALL, SUITE 1000 ETOBICOKE, ON M9C 5J1	☐ 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:

Paul Roberts PAUL ROBERTS

April 26, 2002

416-620-3087

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/01)