

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90068 044 ***150.00

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

DOCUMENT # P29129

1. Entity Name
EC MANAGERS, INC.



Principal Place of Business
 900 NORTH MICHIGAN AVENUE
 SUITE 900
 CHICAGO, IL 60611

Mailing Address
 900 NORTH MICHIGAN AVENUE
 SUITE 900
 CHICAGO, IL 60611

2. Principal Place of Business
 900 N. Michigan Avenue

3. Mailing Address
 900 N. Michigan Avenue

Suite, Apt. #, etc.
 Suite 1400

Suite, Apt. #, etc.
 Suite 1400

City & State
 Chicago, Illinois

City & State
 Chicago, Illinois



CHECK HERE IF MAKING CHANGES

4. FEI Number
36-3554520

Applied For
 Not Applicable

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

Zip
 60611

Country
 USA

Zip
 60611

Country
 USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

B. 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)

DATE

FILE NOW!!! FEE IS \$160.00
 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
 NAME **P** Delete
BLUHM, NEIL G.
 STREET ADDRESS
900 N. MICHIGAN AVENUE
 CITY-ST-ZIP
CHICAGO, IL 60611

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **V** Delete
LOVELETTE, STEPHEN A.
 STREET ADDRESS
900 N. MICHIGAN AVE.
 CITY-ST-ZIP
CHICAGO, IL 60611

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **S** Delete
NIELSON, PAUL C.
 STREET ADDRESS
900 N. MICHIGAN AVE.
 CITY-ST-ZIP
CHICAGO, IL 60611

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **D** Delete
NICKELE, GARY
 STREET ADDRESS
900 N. MICHIGAN AVE.
 CITY-ST-ZIP
CHICAGO, IL 60611

TITLE
 NAME Change Addition
 STREET ADDRESS
900 N. Michigan Avenue
 CITY-ST-ZIP
Chicago, Illinois 60611

TITLE
 NAME **AS** Delete
EWING, KAREN M
 STREET ADDRESS
900 N MICHIGAN AVE
 CITY-ST-ZIP
CHICAGO, IL 60611

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

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: *Karen M. Ewing*

Karen M. Ewing

04/14/03

(312) 915-1969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)