

STATE OF ILLINOIS MONTHLY WARN ACTIVITY LISTING

MONTH February YEAR 2000

PRIMARY EVENT COUNTY: Cook

COMPANY NAME:	<u>Visy Packaging</u>	TYPE OF EVENT:	<u>Closing</u>
COMPANY ADDRESS:	<u>300 West 170th Street</u>	WARN NOTIFIED DATE:	<u>2-1-2000</u>
		FIRST LAYOFF DATE:	<u>3-31-2000</u>
CITY, STATE, ZIP:	<u>South Holland, IL 60473</u>	# WORKERS AFFECTED:	<u>86</u>
COMPANY CONTACT:	<u>Chris Cole</u>	EVENT CAUSES:	<u>Not Provided</u>
TELEPHONE:	<u>708-225-5345</u>		
SUBSTATE AREA & NUMBER:	<u>S07</u>		
TYPE OF COMPANY:	<u>Wholesale Trade-Durable Goods</u>	COMPANY SIC:	<u>5093</u>

COMPANY NAME:	<u>Harris Bank</u>	TYPE OF EVENT:	<u>Layoffs</u>
COMPANY ADDRESS:	<u>3111 West Monroe Street</u>	WARN NOTIFIED DATE:	<u>2-3-2000</u>
		FIRST LAYOFF DATE:	<u>4-30-2000</u>
CITY, STATE, ZIP:	<u>Chicago, IL 60690</u>	# WORKERS AFFECTED:	<u>100</u>
COMPANY CONTACT:	<u>Karen D Stoeller</u>	EVENT CAUSES:	<u>Business Sold</u>
TELEPHONE:	<u>312-461-6990</u>		
SUBSTATE AREA & NUMBER:	<u>S09</u>		
TYPE OF COMPANY:	<u>Depository Institution</u>	COMPANY SIC:	<u>6022</u>

COMPANY NAME:	<u></u>	TYPE OF EVENT:	<u></u>
COMPANY ADDRESS:	<u></u>	WARN NOTIFIED DATE:	<u></u>
		FIRST LAYOFF DATE:	<u></u>
CITY, STATE, ZIP:	<u></u>	# WORKERS AFFECTED:	<u></u>
COMPANY CONTACT:	<u></u>	EVENT CAUSES:	<u></u>
TELEPHONE:	<u></u>		
SUBSTATE AREA & NUMBER:	<u></u>		
TYPE OF COMPANY:	<u></u>	COMPANY SIC:	<u></u>

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PRIMARY EVENT COUNTY: Kane

COMPANY NAME:	Quebecor World Aurora	TYPE OF EVENT:	Closing
COMPANY ADDRESS:	780 McClure Road	WARN NOTIFIED DATE:	2-22-2000
		FIRST LAYOFF DATE:	3-13-2000
CITY, STATE, ZIP:	Aurora, IL 60504	# WORKERS AFFECTED:	Not Provided
COMPANY CONTACT:	Susan M Terry	EVENT CAUSES:	Not Provided
TELEPHONE:	630-585-0264		
SUBSTATE AREA & NUMBER:	S05		
TYPE OF COMPANY:	Mfg. Printing, Publishing & Allied	COMPANY SIC:	2759

COMPANY NAME:	_____	TYPE OF EVENT:	_____
COMPANY ADDRESS:	_____	WARN NOTIFIED DATE:	_____
	_____	FIRST LAYOFF DATE:	_____
CITY, STATE, ZIP:	_____	# WORKERS AFFECTED:	_____
COMPANY CONTACT:	_____	EVENT CAUSES:	_____
TELEPHONE:	_____		_____
SUBSTATE AREA & NUMBER:	_____		_____
TYPE OF COMPANY:	_____	COMPANY SIC:	_____

COMPANY NAME:	_____	TYPE OF EVENT:	_____
COMPANY ADDRESS:	_____	WARN NOTIFIED DATE:	_____
	_____	FIRST LAYOFF DATE:	_____
CITY, STATE, ZIP:	_____	# WORKERS AFFECTED:	_____
COMPANY CONTACT:	_____	EVENT CAUSES:	_____
TELEPHONE:	_____		_____
SUBSTATE AREA & NUMBER:	_____		_____
TYPE OF COMPANY:	_____	COMPANY SIC:	_____

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PRIMARY EVENT COUNTY: Lake

COMPANY NAME:	<u>Favorite Brands</u>	TYPE OF EVENT:	<u>Closing</u>
COMPANY ADDRESS:	<u>2121 Waukegan Road</u>	WARN NOTIFIED DATE:	<u>2-1-2000</u>
	<u>Suite 300</u>	FIRST LAYOFF DATE:	<u>3-20-2000</u>
CITY, STATE, ZIP:	<u>Bannockburn, IL 60015</u>	# WORKERS AFFECTED:	<u>150</u>
COMPANY CONTACT:	<u>Marianne Gruber</u>	EVENT CAUSES:	<u>Consolidation</u>
TELEPHONE:	<u>847-405-5802</u>		
SUBSTATE AREA & NUMBER:	<u>S01</u>		
TYPE OF COMPANY:	<u>Mfg. Food & Kindred Products</u>	COMPANY SIC:	<u>2064</u>
COMPANY NAME:	<u>Old Kent Bank</u>	TYPE OF EVENT:	<u>Closing</u>
COMPANY ADDRESS:	<u>588 Lakeview Parkway</u>	WARN NOTIFIED DATE:	<u>2-10-2000</u>
		FIRST LAYOFF DATE:	<u>4-17-2000</u>
CITY, STATE, ZIP:	<u>Vernon Hills, IL 60061</u>	# WORKERS AFFECTED:	<u>79</u>
COMPANY CONTACT:	<u>John M Starkey</u>	EVENT CAUSES:	<u>Consolidation</u>
TELEPHONE:	<u>630-941-5479</u>		<u>Merger</u>
SUBSTATE AREA & NUMBER:	<u>S01</u>		
TYPE OF COMPANY:	<u>Depository Institution</u>	COMPANY SIC:	<u>6022</u>
COMPANY NAME:	<u>Outboard Marine Corporation</u>	TYPE OF EVENT:	<u>Closing</u>
COMPANY ADDRESS:	<u>90 Sea Horse Drive</u>	WARN NOTIFIED DATE:	<u>2-14-2000</u>
		FIRST LAYOFF DATE:	<u>4-7-2000</u>
CITY, STATE, ZIP:	<u>Waukegan, IL 60085</u>	# WORKERS AFFECTED:	<u>385</u>
COMPANY CONTACT:	<u>Ronald Henseleit</u>	EVENT CAUSES:	<u>Not Provided</u>
TELEPHONE:	<u>847-689-6200</u>		
SUBSTATE AREA & NUMBER:	<u>S01</u>		
TYPE OF COMPANY:	<u>Mfg Industrial & Commercial Maghinery & Computer Equip.</u>	COMPANY SIC:	<u>3519</u>

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PRIMARY EVENT COUNTY: McLean

COMPANY NAME:	<u>AmeriServe Food Distribution Inc.</u>	TYPE OF EVENT:	<u>Closing</u>
COMPANY ADDRESS:	<u>202 North Ford Street</u>	WARN NOTIFIED DATE:	<u>2-14-2000</u>
		FIRST LAYOFF DATE:	<u>3-15-2000</u>
CITY, STATE, ZIP:	<u>Gridley, IL 61744</u>	# WORKERS AFFECTED:	<u>115</u>
COMPANY CONTACT:	<u>Robert F McCullough</u>	EVENT CAUSES:	<u>Not Provided</u>
TELEPHONE:	<u>972-364-2153</u>		
SUBSTATE AREA & NUMBER:	<u>S16</u>		
TYPE OF COMPANY:	<u>Wholesale Trade-Non-Durable Goods</u>	COMPANY SIC:	<u>5142</u>

COMPANY NAME:	<u></u>	TYPE OF EVENT:	<u></u>
COMPANY ADDRESS:	<u></u>	WARN NOTIFIED DATE:	<u></u>
		FIRST LAYOFF DATE:	<u></u>
CITY, STATE, ZIP:	<u></u>	# WORKERS AFFECTED:	<u></u>
COMPANY CONTACT:	<u></u>	EVENT CAUSES:	<u></u>
TELEPHONE:	<u></u>		
SUBSTATE AREA & NUMBER:	<u></u>		
TYPE OF COMPANY:	<u></u>	COMPANY SIC:	<u></u>

COMPANY NAME:	<u></u>	TYPE OF EVENT:	<u></u>
COMPANY ADDRESS:	<u></u>	WARN NOTIFIED DATE:	<u></u>
		FIRST LAYOFF DATE:	<u></u>
CITY, STATE, ZIP:	<u></u>	# WORKERS AFFECTED:	<u></u>
COMPANY CONTACT:	<u></u>	EVENT CAUSES:	<u></u>
TELEPHONE:	<u></u>		
SUBSTATE AREA & NUMBER:	<u></u>		
TYPE OF COMPANY:	<u></u>	COMPANY SIC:	<u></u>

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PRIMARY EVENT COUNTY: Moultrie

COMPANY NAME:	<u>Brach's Confections, Inc.</u>	TYPE OF EVENT:	<u>Closing</u>
COMPANY ADDRESS:	<u>811 South Hamilton Street</u>	WARN NOTIFIED DATE:	<u>2-25-2000</u>
		FIRST LAYOFF DATE:	<u>4-30-2000</u>
CITY, STATE, ZIP:	<u>Sullivan, IL 61951</u>	# WORKERS AFFECTED:	<u>83</u>
COMPANY CONTACT:	<u>Ken Uhlarik</u>	EVENT CAUSES:	<u>Not Provided</u>
TELEPHONE:	<u>888-833-4300</u>		
SUBSTATE AREA & NUMBER:	<u>S23</u>		
TYPE OF COMPANY:	<u>Mfg. Food & Kindred Products</u>	COMPANY SIC:	<u>2024</u>

COMPANY NAME:	<u></u>	TYPE OF EVENT:	<u></u>
COMPANY ADDRESS:	<u></u>	WARN NOTIFIED DATE:	<u></u>
		FIRST LAYOFF DATE:	<u></u>
CITY, STATE, ZIP:	<u></u>	# WORKERS AFFECTED:	<u></u>
COMPANY CONTACT:	<u></u>	EVENT CAUSES:	<u></u>
TELEPHONE:	<u></u>		
SUBSTATE AREA & NUMBER:	<u></u>		
TYPE OF COMPANY:	<u></u>	COMPANY SIC:	<u></u>

COMPANY NAME:	<u></u>	TYPE OF EVENT:	<u></u>
COMPANY ADDRESS:	<u></u>	WARN NOTIFIED DATE:	<u></u>
		FIRST LAYOFF DATE:	<u></u>
CITY, STATE, ZIP:	<u></u>	# WORKERS AFFECTED:	<u></u>
COMPANY CONTACT:	<u></u>	EVENT CAUSES:	<u></u>
TELEPHONE:	<u></u>		
SUBSTATE AREA & NUMBER:	<u></u>		
TYPE OF COMPANY:	<u></u>	COMPANY SIC:	<u></u>

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MONTH February YEAR 2000

PRIMARY EVENT COUNTY: Stephenson

COMPANY NAME:	Old Kent Bank	TYPE OF EVENT:	Closing
COMPANY ADDRESS:	101 W Stevenson St, 27 W Main & 1534 S West Avenue	WARN NOTIFIED DATE:	2-10-2000
CITY, STATE, ZIP:	Freeport, IL 61032	FIRST LAYOFF DATE:	4-17-2000
COMPANY CONTACT:	John M Starkey	# WORKERS AFFECTED:	59
TELEPHONE:	630-941-5479	EVENT CAUSES:	Consolidation Merger
SUBSTATE AREA & NUMBER:	S04		
TYPE OF COMPANY:	Depository Institution	COMPANY SIC:	6022

COMPANY NAME:	_____	TYPE OF EVENT:	_____
COMPANY ADDRESS:	_____	WARN NOTIFIED DATE:	_____
	_____	FIRST LAYOFF DATE:	_____
	_____	# WORKERS AFFECTED:	_____
CITY, STATE, ZIP:	_____		_____
COMPANY CONTACT:	_____	EVENT CAUSES:	_____
TELEPHONE:	_____		_____
SUBSTATE AREA & NUMBER:	_____		_____
TYPE OF COMPANY:	_____	COMPANY SIC:	_____

COMPANY NAME:	_____	TYPE OF EVENT:	_____
COMPANY ADDRESS:	_____	WARN NOTIFIED DATE:	_____
	_____	FIRST LAYOFF DATE:	_____
	_____	# WORKERS AFFECTED:	_____
CITY, STATE, ZIP:	_____		_____
COMPANY CONTACT:	_____	EVENT CAUSES:	_____
TELEPHONE:	_____		_____
SUBSTATE AREA & NUMBER:	_____		_____
TYPE OF COMPANY:	_____	COMPANY SIC:	_____

Company Name: The name of the event company submitting the WARN notice.

Company Address: The event company's street address where layoff or closing is occurring.

City, State, Zip: The event company's city, state and zip code.

Company Contact: The name of the individual identified as the principal authority for normal communication and interaction for the event company.

Telephone: The telephone number of the company contact person.

Sub-State Grantee: The primary sub-state grantee with geographical responsibility to offer services to the affected workers.

Type of Company: The Standard Industrial Classification (SIC) depicting the type of business the company is engaged in.

Event County: The Illinois county in which the dislocation event is located.

Type of Event: Indicates whether the workers are being dislocated because of a plant closing, substantial layoff (at least 1/3 of workforce affected) or layoff.

Warn Notified Date: The date the Rapid Response Unit is in receipt of the WARN letter notifying of the impending closing or layoff.

First Layoff Date: The first date that layoffs are expected to occur.

Workers Affected: The originally reported number of workers expected to be laid off.

Event Causes: Indicates up to three reasons for the plant closing or layoff.