

STATE OF ILLINOIS MONTHLY WARN ACTIVITY LISTING

MONTH January YEAR 2000

PRIMARY EVENT COUNTY: Cook

| | | | |
|-------------------------|--------------------------------|---------------------|--------------|
| COMPANY NAME: | Luthern Social Services of IL | TYPE OF EVENT: | Closing |
| COMPANY ADDRESS: | Southeast Case Management Unit | WARN NOTIFIED DATE: | 1-7-2000 |
| | 8740 South Constance | FIRST LAYOFF DATE: | 3-6-2000 |
| CITY, STATE, ZIP: | Chicago, IL 60602 | # WORKERS AFFECTED: | 79 |
| COMPANY CONTACT: | Frederick Aigner | EVENT CAUSES: | Not Provided |
| TELEPHONE: | 847-635-4591 | | |
| SUBSTATE AREA & NUMBER: | S09 | | |
| TYPE OF COMPANY: | Health Services | COMPANY SIC: | 8052 |

| | | | |
|-------------------------|-----------------------------------|---------------------|-----------|
| COMPANY NAME: | Professional Transportation, Inc. | TYPE OF EVENT: | Closing |
| COMPANY ADDRESS: | 17135 South Westview | WARN NOTIFIED DATE: | 1-19-2000 |
| | | FIRST LAYOFF DATE: | 1-28-2000 |
| CITY, STATE, ZIP: | South Holland, IL 60473 | # WORKERS AFFECTED: | 111 |
| COMPANY CONTACT: | Robert Tevault | EVENT CAUSES: | Contract |
| TELEPHONE: | 812-471-2440 | | Cancelled |
| SUBSTATE AREA & NUMBER: | S07 | | |
| TYPE OF COMPANY: | Transportation Services | COMPANY SIC: | 4748 |

| | | | |
|-------------------------|--|---------------------|--|
| 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: | |

STATE OF ILLINOIS MONTHLY WARN ACTIVITY LISTING

MONTH January YEAR 2000

PRIMARY EVENT COUNTY: Kane

| | | | |
|-------------------------|--|---------------------|---------------------|
| COMPANY NAME: | <u>Siemens Energy & Automation, Inc</u> | TYPE OF EVENT: | <u>Closing</u> |
| COMPANY ADDRESS: | <u>1000 McKee Street</u> | WARN NOTIFIED DATE: | <u>1-3-2000</u> |
| | | FIRST LAYOFF DATE: | <u>1-4-2000</u> |
| CITY, STATE, ZIP: | <u>Batavia, IL, 60510</u> | # WORKERS AFFECTED: | <u>130</u> |
| COMPANY CONTACT: | <u>Vic Taylor</u> | EVENT CAUSES: | <u>Not Provided</u> |
| TELEPHONE: | <u>630-879-6000</u> | | |
| SUBSTATE AREA & NUMBER: | <u>S05</u> | | |
| TYPE OF COMPANY: | <u>Mfg. Electronic & Other Electronic Equip.</u> | COMPANY SIC: | <u>3625</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> |

STATE OF ILLINOIS MONTHLY WARN ACTIVITY LISTING

MONTH January YEAR 2000

PRIMARY EVENT COUNTY: Knox

| | | | |
|-------------------------|---|---------------------|---------------------|
| COMPANY NAME: | <u>Serrot International Inc.</u> | TYPE OF EVENT: | <u>Closing</u> |
| COMPANY ADDRESS: | <u>1255 Monmouth Blvd.</u> | WARN NOTIFIED DATE: | <u>1-10-2000</u> |
| | | FIRST LAYOFF DATE: | <u>1-5-2000</u> |
| CITY, STATE, ZIP: | <u>Glaesburg, IL 60401</u> | # WORKERS AFFECTED: | <u>80</u> |
| COMPANY CONTACT: | <u>Jeff Alford</u> | EVENT CAUSES: | <u>Not Provided</u> |
| TELEPHONE: | <u>309-343-3418</u> | | |
| SUBSTATE AREA & NUMBER: | <u>S14</u> | | |
| TYPE OF COMPANY: | <u>Heavy Construction Other Than Bldg</u> | COMPANY SIC: | <u>1623</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> |

STATE OF ILLINOIS MONTHLY WARN ACTIVITY LISTING

MONTH January YEAR 2000

PRIMARY EVENT COUNTY: Rock Island

| | | | |
|-------------------------|----------------------------------|---------------------|-------------|
| COMPANY NAME: | Jaydon, Inc. | TYPE OF EVENT: | Closing |
| COMPANY ADDRESS: | 7800 14th Street West | WARN NOTIFIED DATE: | 1-11-2000 |
| | | FIRST LAYOFF DATE: | 1-7-2000 |
| CITY, STATE, ZIP: | Rock Island, IL 61201 | # WORKERS AFFECTED: | 212 |
| COMPANY CONTACT: | Jay M Gellerman | EVENT CAUSES: | Assets Sold |
| TELEPHONE: | 309-787-4492 | | |
| SUBSTATE AREA & NUMBER: | S13 | | |
| TYPE OF COMPANY: | Wholesale Trade-NonDurable Goods | COMPANY SIC: | 5122 |

| | | | |
|-------------------------|-------|---------------------|-------|
| 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: | _____ |
| CITY, STATE, ZIP: | _____ | # WORKERS AFFECTED: | _____ |
| COMPANY CONTACT: | _____ | EVENT CAUSES: | _____ |
| TELEPHONE: | _____ | | _____ |
| SUBSTATE AREA & NUMBER: | _____ | | _____ |
| TYPE OF COMPANY: | _____ | COMPANY SIC: | _____ |

STATE OF ILLINOIS MONTHLY WARN ACTIVITY LISTING

MONTH January YEAR 2000

PRIMARY EVENT COUNTY: Wayne

| | | | |
|-------------------------|-----------------------------|---------------------|--------------|
| COMPANY NAME: | H B Williamson Company | TYPE OF EVENT: | Closing |
| COMPANY ADDRESS: | Fairfield Industrial Park | WARN NOTIFIED DATE: | 1-3-2000 |
| | Route 15 | FIRST LAYOFF DATE: | 2-28-2000 |
| CITY, STATE, ZIP: | Fairfield, IL | # WORKERS AFFECTED: | 83 |
| COMPANY CONTACT: | Janet Schumm | EVENT CAUSES: | Not Provided |
| TELEPHONE: | 618-244-9000 | | |
| SUBSTATE AREA & NUMBER: | S26 | | |
| TYPE OF COMPANY: | Mfg. Picture Frame Moldings | COMPANY SIC: | 2499 |

| | | | |
|-------------------------|-------|---------------------|-------|
| 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: | _____ |

STATE OF ILLINOIS MONTHLY WARN ACTIVITY LISTING

MONTH January YEAR 2000

PRIMARY EVENT COUNTY: Winnebago

| | | | |
|-------------------------|---------------------------------------|---------------------|---------------------|
| COMPANY NAME: | <u>Liberty Mutual Insurance Group</u> | TYPE OF EVENT: | <u>Closing</u> |
| COMPANY ADDRESS: | <u>7115 Windsor Lake Parkway</u> | WARN NOTIFIED DATE: | <u>1-19-2000</u> |
| | | FIRST LAYOFF DATE: | <u>3-24-2000</u> |
| CITY, STATE, ZIP: | <u>Rockford, IL 61125</u> | # WORKERS AFFECTED: | <u>73</u> |
| COMPANY CONTACT: | <u>Donald B Eburne</u> | EVENT CAUSES: | <u>Not Provided</u> |
| TELEPHONE: | <u>671-357-9500</u> | | |
| SUBSTATE AREA & NUMBER: | <u>S03</u> | | |
| TYPE OF COMPANY: | <u>Insurance Carrier</u> | COMPANY SIC: | <u>6331</u> |

| | | | |
|-------------------------|-------|---------------------|-------|
| 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: | _____ |

| | |
|---------------------|---|
| 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. |