

STATE OF ILLINOIS MONTHLY WARN ACTIVITY LISTING

MONTH July **YEAR** 2002

PRIMARY EVENT COUNTY: DuPage

COMPANY NAME:	<u>Best Buy Co - Product Return Center</u>	TYPE OF EVENT:	<u>Closing</u>
COMPANY ADDRESS:	<u>585 Kehoe Boulevard</u>	WARN NOTIFIED DATE:	<u>7-1-2002</u>
		FIRST LAYOFF DATE:	<u>7-1-2002</u>
CITY, STATE, ZIP:	<u>Carol Stream, IL 60188</u>	# WORKERS AFFECTED:	<u>67</u>
COMPANY CONTACT:	<u>Susan Crowder</u>	EVENT CAUSES:	<u>Not Provided</u>
TELEPHONE:	<u>952-995-4466</u>		
LOCAL WORKFORCE AREA:	<u>LWIA 6</u>		
TYPE OF COMPANY:	<u>Retail Trade</u>	COMPANY SIC:	<u>5731</u>

COMPANY NAME:	<u>Intouch Services LSSI</u>	TYPE OF EVENT:	<u>Closing</u>
COMPANY ADDRESS:	<u>350 S Schmale Road Suite 110</u>	WARN NOTIFIED DATE:	<u>7-1-2002</u>
		FIRST LAYOFF DATE:	<u>7-1-2002</u>
CITY, STATE, ZIP:	<u>Carol Stream, IL 61088</u>	# WORKERS AFFECTED:	<u>59</u>
COMPANY CONTACT:	<u>Larry Lutey</u>	EVENT CAUSES:	<u>Not Provided</u>
TELEPHONE:	<u>847-695-4590</u>		
LOCAL WORKFORCE AREA:	<u>LWIA 6</u>		
TYPE OF COMPANY:	<u>Health Services</u>	COMPANY SIC:	<u>8052</u>

COMPANY NAME:	<u>Worldcom, Inc.</u>	TYPE OF EVENT:	<u>Closing</u>
COMPANY ADDRESS:	<u>2655 Warrenville Road</u>	WARN NOTIFIED DATE:	<u>7-5-2002</u>
		FIRST LAYOFF DATE:	<u>8-28-2002</u>
CITY, STATE, ZIP:	<u>Downers Grove, IL 60515</u>	# WORKERS AFFECTED:	<u>504</u>
COMPANY CONTACT:	<u>Jacqueline L Rush</u>	EVENT CAUSES:	<u>Not Provided</u>
TELEPHONE:	<u>601-460-5748</u>		
LOCAL WORKFORCE AREA:	<u>LWIA 6</u>		
TYPE OF COMPANY:	<u>Engineering, Accounting, Research...</u>	COMPANY SIC:	<u>8721</u>

STATE OF ILLINOIS MONTHLY WARN ACTIVITY LISTING

MONTH July YEAR 2002

PRIMARY EVENT COUNTY: DuPage Cont.

COMPANY NAME:	<u>Spherion Corp</u>	TYPE OF EVENT:	<u>Closing</u>
COMPANY ADDRESS:	<u>2655 Warrenville Road</u>	WARN NOTIFIED DATE:	<u>7-25-2002</u>
		FIRST LAYOFF DATE:	<u>11-30-2002</u>
CITY, STATE, ZIP:	<u>Downers Grove, IL 60515</u>	# WORKERS AFFECTED:	<u>99</u>
COMPANY CONTACT:	<u>Tonie Houke</u>	EVENT CAUSES:	<u>Lost</u>
TELEPHONE:	<u>630-795-6704</u>		<u>Contract</u>
LOCAL WORKFORCE AREA:	<u>LWIA 6</u>		
TYPE OF COMPANY:	<u>Business Services</u>	COMPANY SIC:	<u>7363</u>

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

STATE OF ILLINOIS MONTHLY WARN ACTIVITY LISTING

MONTH July YEAR 2002

PRIMARY EVENT COUNTY: Kane

COMPANY NAME:	<u>Dukane Corporation</u>	TYPE OF EVENT:	<u>Layoffs</u>
COMPANY ADDRESS:	<u>2900 Dukane Drive</u>	WARN NOTIFIED DATE:	<u>7-23-2002</u>
		FIRST LAYOFF DATE:	<u>9-18-2002</u>
CITY, STATE, ZIP:	<u>St. Charles, IL 60174</u>	# WORKERS AFFECTED:	<u>148</u>
COMPANY CONTACT:	<u>Robert P Scarlett</u>	EVENT CAUSES:	<u>Sale</u>
TELEPHONE:	<u>630-584-2300</u>		
LOCAL WORKFORCE AREA:	<u>LWIA 5</u>		
TYPE OF COMPANY:	<u>Mfg. Electronic & Electrical</u>	COMPANY SIC:	<u>3669</u>

COMPANY NAME:	<u>Sunstar Pharmaceutical, Inc.</u>	TYPE OF EVENT:	<u>Closing</u>
COMPANY ADDRESS:	<u>1300 Abbott Drive</u>	WARN NOTIFIED DATE:	<u>7-23-2002</u>
		FIRST LAYOFF DATE:	<u>9-20-2002</u>
CITY, STATE, ZIP:	<u>Elgin, IL 60123</u>	# WORKERS AFFECTED:	<u>61</u>
COMPANY CONTACT:	<u>Mary Ann Hauert</u>	EVENT CAUSES:	<u>Not Provided</u>
TELEPHONE:	<u>847-888-1141</u>		
LOCAL WORKFORCE AREA:	<u>LWIA 5</u>		
TYPE OF COMPANY:	<u>Mfg. Chemicals & Allied Products</u>	COMPANY SIC:	<u>2834</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>		
LOCAL WORKFORCE AREA:	<u></u>		
TYPE OF COMPANY:	<u></u>	COMPANY SIC:	<u></u>

STATE OF ILLINOIS MONTHLY WARN ACTIVITY LISTING

MONTH July YEAR 2002

PRIMARY EVENT COUNTY: Lee

COMPANY NAME:	<u>Nachusa Lutheran Home</u>	TYPE OF EVENT:	<u>Closing</u>
COMPANY ADDRESS:	<u>1261 Illinois Route 38</u>	WARN NOTIFIED DATE:	<u>7-1-2002</u>
		FIRST LAYOFF DATE:	<u>7-1-2002</u>
CITY, STATE, ZIP:	<u>Nachusa, IL 61057</u>	# WORKERS AFFECTED:	<u>59</u>
COMPANY CONTACT:	<u>Larry Lutey</u>	EVENT CAUSES:	<u>Not Provided</u>
TELEPHONE:	<u>847-695-4590</u>		
LOCAL WORKFORCE AREA:	<u>LWIA 12</u>		
TYPE OF COMPANY:	<u>Health Services</u>	COMPANY SIC:	<u>8052</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>		<u></u>
LOCAL WORKFORCE AREA:	<u></u>		<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>		<u></u>
LOCAL WORKFORCE AREA:	<u></u>		<u></u>
TYPE OF COMPANY:	<u></u>	COMPANY SIC:	<u></u>

STATE OF ILLINOIS MONTHLY WARN ACTIVITY LISTING

MONTH July YEAR 2002

PRIMARY EVENT COUNTY: Madison

COMPANY NAME:	<u>Metals USA</u>	TYPE OF EVENT:	<u>Downsizing</u>
COMPANY ADDRESS:	<u>1020 Niedringhaus</u>	WARN NOTIFIED DATE:	<u>7-15-2002</u>
		FIRST LAYOFF DATE:	<u>9-30-2002</u>
CITY, STATE, ZIP:	<u>Granite City, IL 62040</u>	# WORKERS AFFECTED:	<u>90</u>
COMPANY CONTACT:	<u>Lynn Buzzell</u>	EVENT CAUSES:	<u>Merger &</u>
TELEPHONE:	<u>847-267-8144</u>		<u>Reorg</u>
LOCAL WORKFORCE AREA:	<u>LWIA 22</u>		
TYPE OF COMPANY:	<u>Wholesale Trade - Durable Goods</u>	COMPANY SIC:	<u>5093</u>

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

STATE OF ILLINOIS MONTHLY WARN ACTIVITY LISTING

MONTH July YEAR 2002

PRIMARY EVENT COUNTY: Stephenson

COMPANY NAME:	<u>Trustmark Insurance Co</u>	TYPE OF EVENT:	<u>Closing</u>
COMPANY ADDRESS:	<u>500 West South Street</u>	WARN NOTIFIED DATE:	<u>7-1-2002</u>
	<u>Freeport Dental</u>	FIRST LAYOFF DATE:	<u>8-30-2002</u>
CITY, STATE, ZIP:	<u>Freeport, IL 61032</u>	# WORKERS AFFECTED:	<u>68</u>
COMPANY CONTACT:	<u>Robert Worobow</u>	EVENT CAUSES:	<u>Not Provided</u>
TELEPHONE:	<u>847-283-2255</u>		
LOCAL WORKFORCE AREA:	<u>LWIA 4</u>		
TYPE OF COMPANY:	<u>Insurance Carriers</u>	COMPANY SIC:	<u>6311</u>

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

STATE OF ILLINOIS MONTHLY WARN ACTIVITY LISTING

MONTH July YEAR 2002

PRIMARY EVENT COUNTY: Will

COMPANY NAME:	<u>Unicare</u>	TYPE OF EVENT:	<u>Layoffs</u>
COMPANY ADDRESS:	<u>P O Box 5034</u>	WARN NOTIFIED DATE:	<u>7-5-2002</u>
		FIRST LAYOFF DATE:	<u>9-1-2002</u>
CITY, STATE, ZIP:	<u>Bolingbrook, IL 60440</u>	# WORKERS AFFECTED:	<u>130</u>
COMPANY CONTACT:	<u>Aubrey C Miller</u>	EVENT CAUSES:	<u>Not Provided</u>
TELEPHONE:	<u>630-679-4217</u>		
LOCAL WORKFORCE AREA:	<u>LWIA 10</u>		
TYPE OF COMPANY:	<u>Insurance Carriers</u>	COMPANY SIC:	<u>6311</u>

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

STATE OF ILLINOIS MONTHLY WARN ACTIVITY LISTING

MONTH July YEAR 2002

PRIMARY EVENT COUNTY: Winnebago

COMPANY NAME:	<u>Essex Group Inc.</u>	TYPE OF EVENT:	<u>Closing</u>
COMPANY ADDRESS:	<u>2816 North Main Street</u>	WARN NOTIFIED DATE:	<u>7-3-2002</u>
		FIRST LAYOFF DATE:	<u>7-30-2002</u>
CITY, STATE, ZIP:	<u>Rockford, IL 61103</u>	# WORKERS AFFECTED:	<u>56</u>
COMPANY CONTACT:	<u>Tom Biehl Jr.</u>	EVENT CAUSES:	<u>Not Provided</u>
TELEPHONE:	<u>219-461-4138</u>		
LOCAL WORKFORCE AREA:	<u>LWIA 3</u>		
TYPE OF COMPANY:	<u>Mfg. Primary Metal</u>	COMPANY SIC:	<u>3357</u>

COMPANY NAME:	_____	TYPE OF EVENT:	_____
COMPANY ADDRESS:	_____	WARN NOTIFIED DATE:	_____
		FIRST LAYOFF DATE:	_____
CITY, STATE, ZIP:	_____	# WORKERS AFFECTED:	_____
COMPANY CONTACT:	_____	EVENT CAUSES:	_____
TELEPHONE:	_____		_____
LOCAL WORKFORCE AREA:	_____		_____
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:	_____		_____
LOCAL WORKFORCE AREA:	_____		_____
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.