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UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

KC FILED

SEP 14 2005

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

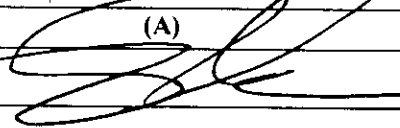
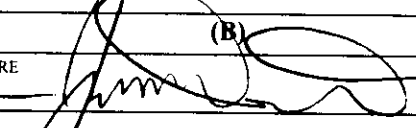


In the Matter of
Robert DeMar
Plaintiff,

Case Number: 05 C 5093

v.
The Chicago White Sox, et al.
Defendants.

Judge Der-Yeghiayan

APPEARANCES ARE HEREBY FILED BY THE UNDERSIGNED AS ATTORNEYS(S) FOR:
Chicago White Sox, Ltd., CHISOX Corporation, a Corporation, At Your Service, Inc., a Corporation and
At Your Service, LLC

(A)		(B)	
SIGNATURE 		SIGNATURE 	
NAME ROBERT T. SHANNON		NAME JAMES C. VLAHAKIS	
FIRM HINSHAW & CULBERTSON		FIRM HINSHAW & CULBERTSON	
STREET ADDRESS 222 N. LASALLE STREET, SUITE 300		STREET ADDRESS 222 N. LASALLE STREET, SUITE 300	
CITY STATE ZIP CHICAGO, IL 60601-1081		CITY/STATE/ZIP CHICAGO, IL 60601-1081	
TELEPHONE NUMBER (312) 704-3901	FAX NUMBER (312) 704-3001	TELEPHONE NUMBER (312) 704-3715	FAX NUMBER (312) 704-3001
E-MAIL ADDRESS		E-MAIL ADDRESS	
IDENTIFICATION NUMBER (SEE ITEM 4 ON REVERSE) 6230254		IDENTIFICATION NUMBER (SEE ITEM 4 ON REVERSE) 6230459	
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TRIAL ATTORNEY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		TRIAL ATTORNEY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
DESIGNATED AS LOCAL COUNSEL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		DESIGNATED AS LOCAL COUNSEL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(C)		(D)	
SIGNATURE 		SIGNATURE 	
NAME CHAD KASDIN		NAME DIANE WEBSTER	
FIRM HINSHAW & CULBERTSON		FIRM HINSHAW & CULBERTSON	
STREET ADDRESS 222 N. LASALLE STREET, SUITE 300		STREET ADDRESS 222 N. LASALLE STREET, SUITE 300	
CITY STATE ZIP CHICAGO, IL 60601-1081		CITY/STATE/ZIP CHICAGO, IL 60601-1081	
TELEPHONE NUMBER (312) 704-3155	FAX NUMBER (312) 704-3001	TELEPHONE NUMBER (312) 704-3641	FAX NUMBER (312) 704-3001
E-MAIL ADDRESS		E-MAIL ADDRESS	
IDENTIFICATION NUMBER (SEE ITEM 4 ON REVERSE) 6272503		IDENTIFICATION NUMBER (SEE ITEM 4 ON REVERSE) 6284225	
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TRIAL ATTORNEY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		TRIAL ATTORNEY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
DESIGNATED AS LOCAL COUNSEL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		DESIGNATED AS LOCAL COUNSEL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

PLEASE COMPLETE IN ACCORDANCE WITH INSTRUCTIONS ON REVERSE.