


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

|  |  |   |  |
|--|--|---|--|
| <b>DOCUMENT # 304651</b>   |  |                      |  |
| 1. Entity Name<br><b>Nagico Corporation</b>  |  | <b>FILED</b><br><b>04 JUL 12 AM 11:00</b><br><b>SECRETARY OF STATE</b><br><b>TALLAHASSEE, FLORIDA</b> |  |
| <b>DO NOT WRITE IN THIS SPACE</b>  |  |   |  |
| 2. Principal Place of Business<br><b>910 W. Skokie Blvd.</b>   |  |   |  |
| 3. Mailing Address<br><b>910 W. Skokie Blvd.</b>   |  |   |  |
| Suite, Apt. #, etc.<br><b>Suite 112</b>  |  | Suite, Apt. #, etc.<br><b>Suite 112</b>   |  |
| City & State<br><b>Skokie, Illinois</b>  |  | City & State<br><b>Skokie, IL</b>   |  |
| Zip<br><b>60062</b>  |  | Country<br><b>United States</b>   |  |
| Country<br><b>United States</b>  |  | 4. FEI Number<br><b>59-1159030</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | Applied For<br><input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                         |  |
| 7. Name and Address of Current Registered Agent  |  |   |  |
| Name<br><b>NRAI Services, Inc.</b>   |  |   |  |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>526 E. Park Avenue</b>  |  |   |  |
| City<br><b>Tallahassee</b>   |  |   |  |
| State<br><b>FL</b>   |  |   |  |
| Zip Code<br><b>32301</b>   |  |   |  |
| 8. 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 <i>Paul G. Hebert, Asst. Sec.</i> <b>7/8/04</b>  |  |   |  |
| (NOTE: Registered Agent signature required when reinstating)   |  |   |  |
| January 1 - May 1 Fee is \$150.00<br>After May 1, Fee is \$550.00<br>Amended UBR is \$61.25<br>Make Check Payable to Florida Department of State   |  |   |  |
| 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |  |   |  |
| 10. OFFICERS AND DIRECTORS   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  |
| <b>P/S/T/D<br/>Dru D. Goodman<br/>8283 Currency Drive<br/>Riviera Beach, Florida 33404</b>   |  | <b>400039532764<br/>07/26/04--01063--009 **550.00</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  |
| <b>Director<br/>Elmer A. Goodman<br/>8283 Currency Drive<br/>Riviera Beach, FL 33404</b>   |  | <b>DO NOT WRITE IN THIS SPACE</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | TITLE<br>NAME<br>STREET ADDRESS<br>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)(l), 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 on an attachment with an address, with all other fee empowered. |  |   |  |
| SIGNATURE: <i>[Signature]</i> <b>7-8-04</b>  |  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  |   |  |
| Date   |  |   |  |
| Daytime Phone #  |  |   |  |

CR2E034B (12/02)