9/12/01-90030-040-$61.25-$61.25

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT -1 PM 4:23

DOCUMENT # 704348

1. Entity Name

ASSOCIATION FOR THE ADVANCEMENT OF AUTOMOTIVE ME

Principal Place of Business	Mailing Address
2340 DESPLAINES RIVER RD.. SUITE 106 DES PLAINES IL 60018	2340 DESPLAINES RIVER RD.. SUITE 106 DES PLAINES IL 60018

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
191 OLD SUTTON ROAD	P.O. BOX 4176
Suite, Apt. #, etc.	Suite, Apt. #, etc.
BARRINGTON IL	BARRINGTON IL
Zip: 60010 Country: USA	Zip: 60011 Country: USA

4. FEI Number 91-6072386 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WALLACE,PAUL F 1501 FIFTH AVE N ST PETERSBURG FL 33700	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

SIGNATURE PAUL F. WALLACE SEPT 5, 2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
After September 12, 2001, min. will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRANDALL, JEFF UNIV OF VA CHARLOTTESVILLE VA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D UWE MEISSNER 2 LOUIS DRIVE KATONAH, NY 10536-3123	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BENEDICT, JAMES BIODYNAMIC RESEARCH CORP SAN ANTONIO TX	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CIVIL, IAN AUCKLAND AUCKLAND NZ	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PETRUCELLI, ELAINE 2340 DES PLAINES AVE - AAAM DES PLAINES IL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition SP

CR2E037 (5/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: JAMES BENEDICT SIGNATURE REQUIRED SEPT 5, 2001 847-844-3880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #