

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90041 009 \*\*\*150.00

**DOCUMENT # 829814**

1. Entity Name

**APV NORTH AMERICA, INC.**

Principal Place of Business

**9525 W. BRYN MAWR AVENUE  
ROSEMONT IL 60018**

Mailing Address

**9525 W. BRYN MAWR AVENUE  
ROSEMONT IL 60018**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **36-2759592**

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

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                             |                                            |
|----------------|-----------------------------|--------------------------------------------|
| TITLE          | <b>S</b>                    | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>LEWIS, A. PAUL</b>       |                                            |
| STREET ADDRESS | <b>9525 W BRYN MAWR AVE</b> |                                            |
| CITY-ST-ZIP    | <b>ROSEMONT IL</b>          |                                            |
| TITLE          | <b>P</b>                    | <input type="checkbox"/> Delete            |
| NAME           | <b>BERGSTROM, CRAIG</b>     |                                            |
| STREET ADDRESS | <b>9525 W BRYN MAWR</b>     |                                            |
| CITY-ST-ZIP    | <b>ROSEMONT IL 60018</b>    |                                            |
| TITLE          | <b>VP</b>                   | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>FINANCE, CRAIG</b>       |                                            |
| STREET ADDRESS | <b>9525 W BRYN MAWR</b>     |                                            |
| CITY-ST-ZIP    | <b>ROSEMONT IL 60018</b>    |                                            |
| TITLE          | <b>VP</b>                   | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>LEWIS, A. PAUL</b>       |                                            |
| STREET ADDRESS | <b>9525 W BRYN MANOR</b>    |                                            |
| CITY-ST-ZIP    | <b>ROSEMONT IL 60018</b>    |                                            |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |                                            |
| STREET ADDRESS |                             |                                            |
| CITY-ST-ZIP    |                             |                                            |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |                                            |
| STREET ADDRESS |                             |                                            |
| CITY-ST-ZIP    |                             |                                            |

|                |                                          |                                                                              |
|----------------|------------------------------------------|------------------------------------------------------------------------------|
| TITLE          | <b>Director</b>                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Bruce Henderson</b>                   |                                                                              |
| STREET ADDRESS | <b>33 Commercial St.</b>                 |                                                                              |
| CITY-ST-ZIP    | <b>Foxboro, MA 02035</b>                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE          | <b>VP</b>                                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Craig Hartner</b>                     |                                                                              |
| STREET ADDRESS | <b>9525 W. Bryn Mawr</b>                 |                                                                              |
| CITY-ST-ZIP    | <b>Rosemont, IL 60019</b>                |                                                                              |
| TITLE          | <b>Director</b>                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Jay Ehle</b>                          |                                                                              |
| STREET ADDRESS | <b>33 Commercial St.</b>                 |                                                                              |
| CITY-ST-ZIP    | <b>Foxboro, MA 02035</b>                 |                                                                              |
| TITLE          | <b>Sr. Counsel &amp; Asst. Secretary</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Joseph Kang</b>                       |                                                                              |
| STREET ADDRESS | <b>9525 W. Bryn Mawr</b>                 |                                                                              |
| CITY-ST-ZIP    | <b>Rosemont, IL 60018</b>                |                                                                              |
| TITLE          |                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                          |                                                                              |
| STREET ADDRESS |                                          |                                                                              |
| CITY-ST-ZIP    |                                          |                                                                              |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Joseph Kang**

1/17/01

Date

847/928-3590

Daytime Phone

CR2E034 (10/00)



APV Systems

804642  
Doc# 829814

Legal Department  
9525 West Bryn Mawr  
Rosemont, IL 60018  
Tel: 847/678-4300  
Direct: 847/928-3503  
Fax: 847/678-0252

January 17, 2001

Department of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: Filing Document No. 829814

Dear Sir or Madam:

Enclosed is our Uniform Business Report for 2001. We are enclosing our check in the amount of \$150.00.

If you need anything further, please contact me at 847/928-3590.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Lois Cirrincione'.

Lois Cirrincione  
Corporate Offices

Enclosed is our Uniform Business Report for 2001. We are enclosing our check in the amount of \$150.00.

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