## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #** 829814



**FILED** 

Mar 24, 2003 8:00 am Secretary of State 1. Entity Name 03-24-2003 90194 002 \*\*\*150.00 APV NORTH AMERICA, INC. Principal Place of Business Mailing Address 5100 N RIVER ROAD 5100 N RIVER ROAD 60014749 3RD FLOOR 3RD FLOOR SCHILLER PARK IL 60176 SCHILLER PARK IL 60176 2. Principal Place of Business 3. Mailing Address 33 Commercial St. B51-2B Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 36-2759592 MA toxboro. Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired usA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE " President, Director Delete TITLE Addition NAME CALIEL, MIKE Gregory M. Miller 33 Commercial Street NAME STREET ADDRESS 10707 HADDINGTON DRIVE STREET ADDRESS CITY-ST-ZIF HOUSTON TX 77043 CITY-ST-ZIP Foxboro, MA 02035 TITLE Delete TITLE ☐ Change ☐ Addition NAME MAYNARD, PHILIP NAME STREET ADDRESS 2191 FOX MILL RD 500 STREET ADDRESS CITY-ST-ZIP HERNDON VA 20171 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME HARTNER, CRAIG ~~ NAME STREET ADDRESS 9525 W BRYN MAWR STREET ADDRESS CITY-ST-ZIP ROSEMONT IL 60018 CiTY-ST-7/P TITLE VPd Secretary, Director ☐ Delete TITLE ☐ Addition NAME Ehle, Jay S 33 Commercial Strut EHLE, JAY NAME STREET ADDRESS 33 COMMERCIAL ST STREET ADDRESS CITY-ST-ZIP FOXBORO MA 02035 CITY-ST-7IP Foxbon, MA 02035 TITLE SRAS Delete VP+ Asst Secretary TITLE NAME KANG, JOSEPH NAME Kang, Joseph 5100 N.R.IVU Rd, Schille Park, IL 60176 STREET ADDRESS 9525 W BRYN MAWR STREET ADDRESS CITY-ST-ZIP ROSEMONT IL 60018 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

03/19/03