

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90016 039 ***550.00

DOCUMENT # 855574

1. Entity Name
CLARKE ENVIRONMENTAL MOSQUITO MANAGEMENT, INC.

Principal Place of Business Mailing Address
 P O BOX 7219 P O BOX 7219
 ROSELLE IL 60172 ROSELLE IL 60172

2. Principal Place of Business 3. Mailing Address
PO BOX 72197 **PO BOX 72197**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Roselle, IL **Roselle, IL**
 Zip Country Zip Country
60172 **60172** Country

4. FEI Number Applied For
36-2391274 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <input type="checkbox"/> Delete CLARKE, JOHN L. 402 FAIRBANK RD RIVERSIDE IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV <input type="checkbox"/> Delete WOOD, CLARK 159 N. GARDEN ROSELLE IL 60172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete TECSON, JOSEPH A 225 W WASHINGTON #1300 CHICAGO IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS <input type="checkbox"/> Delete CLARKE, MARY KEMP 402 FAIRBANKS RD. RIVERSIDE IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete JOHN L. CLARKE III 159 N. GARDEN ROSELLE IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV <input type="checkbox"/> Delete WOOD, CLARK 159 N. GARDEN ROSELLE IL 60172

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **SIGNATURE REQUIRED** August 28, 2002 630-594-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)