

UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90027 001 ****61.25

DOCUMENT # 856900

1. Entity Name

INTER-INDUSTRY CONFERENCE ON AUTO COLLISION REPA

80015000



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3701 ALGONQUIN ROAD STE 400 ROLLING MEADOWS IL 60008		Mailing Address 3701 ALGONQUIN ROAD STE 400 ROLLING MEADOWS IL 60008-3118		4. FEI Number 36-3117579		Applied For <input type="checkbox"/> Not Applicable	
2. Principal Place of Business SAME AS ABOVE		3. Mailing Address SAME AS ABOVE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent SUPPE, JAMES 825 N.W. 61ST STREET FT. LAUDERDALE FL 33309				7. Name and Address of New Registered Agent Name SAMUE 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

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
VCD PLUCINSKI, CLARK 7408 OSKALOOSA DR ROCKVILLE MD 20855	<input type="checkbox"/> Delete	SD PLUCINSKI, CLARK 7408 OSKALOOSA DR. ROCKVILLE MD 20855	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
CD LANDOLFI, JOE 1800 N POINT DR STEVENS POINT WI 54481	<input type="checkbox"/> Delete	IMMED. PAST CHAIR LANDOLFI, JOE 1800 N POINT DR., E2-S1 STEVENS POINT, WI 54481	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
TD FOSS, ROGER 19001 S WESTERN AVE TORRANCE CA 90501	<input type="checkbox"/> Delete	VCD FOSS, ROGER 19001 S. WESTERN AVE., #211 TORRANCE, CA 90509	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
D WICKLUND, BILL 941 SUTTON PLACE LIBERTY MO	<input type="checkbox"/> Delete	CD TUURI, RICK 2010 CROW CANYON PLACE SAN RAMON, CA 94583	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add
D MACK, TOM 3701 ALGONQUIN RD #400 ROLLING MEADOWS IL 60008	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
SD CLARK, TIM SAFECO PLAZA SEATTLE WA 98185	<input type="checkbox"/> Delete	TD CLARK, TIM SAFECO PLAZA SEATTLE, WA 98185	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add

I 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 in 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **H. MACK, EXEC VPE CEO 84.590.1198**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **1.25.00** Daytime Phone # **v 35**