

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90003 021 ****61.25

DOCUMENT # 856900

1. Entity Name

INTER-INDUSTRY CONFERENCE ON AUTO COLLISION REPA

643079



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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 36-3117579	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 _____
 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**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PLUCINSKI, CLARK 7408 OSKALOOSA DR ROCKVILLE MD 20855 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IPC LANDOLFI, JOE 1800 N POINT DR STEVENS POINT WI 54481 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD FOSS, ROGER 19001 S WESTERN AVE TORRANCE CA 90501 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TUURI, RICK 2010 CROW CANYON PLACE SAN RAMON CA 94583 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACK, TOM 3701 ALGONQUIN RD #400 ROLLING MEADOWS IL 60008 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLARK, TIM SAFECO PLAZA SEATTLE WA 98185 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer/Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Tim Clark 11100 Mukilton Speedway Mukilton, WA 98295
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Secretary <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Gene Hamilton 3311 W. Hospital Avenue Chamblee, GA 30341
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Nick Nottey 51 West Higgins Road S. Barrington, IL 60010

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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 empowered.

SIGNATURE: Thomas H. Mack, 4/10/01 844-540-1198
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)