

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90308 038 ****61.25

DOCUMENT # 856900



1. Entity Name
INTER-INDUSTRY CONFERENCE ON AUTO COLLISION REPAIR INCORPORATED

Principal Place of Business
3701 ALGONQUIN ROAD
STE 400
ROLLING MEADOWS IL 60008

Mailing Address
3701 ALGONQUIN ROAD
STE 400
ROLLING MEADOWS IL 60008



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 36-3117579

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SUPPE, JAMES
825 N.W. 61ST STREET
FT. LAUDERDALE FL 33309

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. 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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NOTTE, NICK 2775 SANDERS RD. B 7 WHEELING IL 60090	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IPC TUURI, RICK 2010 CROW CANYON PLACE SAN RAMON CA 94583	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD WRIGHT, ROGER 3507 MEADOWN BRIAR CT GREENSBORO NC 27410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FOSS, ROGER 19001 S. WESTERN AVE TORRANCE CA 90501	<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 HAMILTON, GENE 3371 W. HOSPITAL AVE ATLANTA GA 30341	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIT & NICK NOTTE 9089 WILLOW CREEK RD SAN DIEGO, CA 92131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IPC ROGER FOSS 19001 S. WESTERN AVE TORRANCE, CA 90501	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ROGER WRIGHT 4501 N. POINT PARKWAY, #500 ALPHARETTA, GA 30022	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD GENE HAMILTON 3371 W. HOSPITAL AVE CHAMBLEE, GA 30341	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS C. MCGEE JR. 3701 ALGONQUIN RD. #400 ROLLING MEADOWS, IL 60008	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROB ENLOW 9000 FREDERICKSBURG, C-3-W SAN ANTONIO, TX 78208	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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 C. McGee, Jr.* 3/26/03 847.590.1198

CR2E037 (10/02)