

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90143 026 ***150.00

DOCUMENT # F00000006606
 1. Entity Name
CGN & ASSOCIATES, INC.

Principal Place of Business Mailing Address
415 S.W. WASHINGTON STREET **415 S.W. WASHINGTON STREET**
PEORIA IL 61602 **PEORIA IL 61602**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 -Zip- -Country-

4. FEI Number **APPLIED FOR** Applied For
32-1344041 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH 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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	GUHA, SESHADRI	
STREET ADDRESS	415 S.W. WASHINGTON STREET	
CITY-ST-ZIP	PEORIA IL 61602	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	CHEUNG, C. PATRICK	
STREET ADDRESS	17187 N. LAUREL DRIVE, SUITE 437	
CITY-ST-ZIP	LIVONIA MI 48152	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NATH, ADITYA	
STREET ADDRESS	415 S.W. WASHINGTON STREET	
CITY-ST-ZIP	PEORIA IL 61602	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEARL, JOHN P	
STREET ADDRESS	600 E. HIGH POINT ROAD	
CITY-ST-ZIP	PEORIA IL 61614	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARGOLIES, ISRAEL	
STREET ADDRESS	7966 TENNYSON COURT	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and correct and that I am duly authorized to sign and have the same effect as if signed by me under any name of an officer or director of the corporation or the receiver of the corporation, as 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: *Michael Jensen* **Michael J Jensen** Director of Finance 4/21/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)