

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90117 007 ***150.00

0624583 AT

DOCUMENT # F01000002217

1. Entity Name
NTH DEGREE, INC.



Principal Place of Business
**1492 KELTON DRIVE
STONE MOUNTAIN GA 30083**

Mailing Address
**1492 KELTON DRIVE
STONE MOUNTAIN GA 30083**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-4433179**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 registration.

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 \$150.00
After May 1, 2003 Fee will be \$550.00**

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** Delete
NAME **GRAUNKE, TERENCE M**
STREET ADDRESS **676 N. MICHIGAN AVE.**
CITY-ST-ZIP **CHICAGO IL 60611**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VS** Delete
NAME **JOHNSTON, KATHLEEN M**
STREET ADDRESS **676 N. MICHIGAN AVE.**
CITY-ST-ZIP **CHICAGO IL 60611**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **YOVOVICH, PAUL G**
STREET ADDRESS **676 N. MICHIGAN AVE.**
CITY-ST-ZIP **CHICAGO IL 60611**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **SALENTINE, THOMAS J**
STREET ADDRESS **135 SOUTH LASALLE STREET**
CITY-ST-ZIP **CHICAGO IL 60603**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **GOLDSTEIN, RODNEY L**
STREET ADDRESS **135 SOUTH LASALLE STREET**
CITY-ST-ZIP **CHICAGO IL 60603**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AS** Delete
NAME **HURT, ELIZABETH**
STREET ADDRESS **1492 REELTON DRIVE**
CITY-ST-ZIP **STONE MOUNTAIN GA 30083**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 607, 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/03

Date

404-297-5308

Daytime Phone #

CR2E034 (10/02)