

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-21-2003 90046 048 ***150.00

DOCUMENT # F02000000654

1. Entity Name
BANKERS SYSTEMS, INC.



Principal Place of Business
**161 NORTH CLARK STREET, 48TH FLOOR
CHICAGO IL 60601**

Mailing Address
**161 NORTH CLARK STREET, 48TH FLOOR
CHICAGO IL 60601**

90005952



2. Principal Place of Business

10815 Saukview Dr

3. Mailing Address

Suite, Apt. #, etc.

City & State

St Cloud MN

City & State

Zip

56303

Country

USA

Zip

Country

4. FEI Number **41-1792530**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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. 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 \$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

TITLE **P** ☐ Delete
NAME **WHITE, ROBERT**
STREET ADDRESS **6815 SAUKVIEW DRIVE**
CITY-ST-ZIP **ST. CLOUD MN 56303**

TITLE **VSTD** ☐ Delete
NAME **LENZ, BRUCE C**
STREET ADDRESS **161 NORTH CLARK STREET, 48TH FLOOR**
CITY-ST-ZIP **CHICAGO IL 60601**

TITLE **D** ☐ Delete
NAME **YARRINGTON, HUGH J**
STREET ADDRESS **161 NORTH CLARK STREET, 48TH FLOOR**
CITY-ST-ZIP **CHICAGO IL 60601**

TITLE **AS** ☐ Delete
NAME **GORDON, DALE C**
STREET ADDRESS **161 NORTH CLARK STREET, 48TH FLOOR**
CITY-ST-ZIP **CHICAGO IL 60601**

TITLE **D** ☐ Delete
NAME **MCKINSTRY, NANCY**
STREET ADDRESS **161 NORTH CLARK STREET, 48TH FLOOR**
CITY-ST-ZIP **CHICAGO IL 60601**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Pres. / Director** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Vice Pres / Sec / Treas.** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **520 Walnut St**
CITY-ST-ZIP **Philadelphia PA 19106**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **410 Park Ave**
CITY-ST-ZIP **New York NY 10022**

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 **Dale C Gordon** **1/6/03** **312 457 2045**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)