


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0669366 AB

DOCUMENT # F02000005560

1. Entity Name
NETCO, INC.



FILED
03 JAN -8 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**401 FOUNTAIN LAKES BLVD.
ST. CHARLES MO 63301**

Mailing Address
**401 FOUNTAIN LAKES BLVD.
ST. CHARLES MO 63301**



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

CHECK HERE IF MAKING CHANGES

4. FEI Number **36-3550806** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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 _____ (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	P BOX, WENDY 401 FOUNTAIN LAKES BLVD. ST. CHARLES MO 63301	TITLE	<input type="checkbox"/> Delete
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	V SCHLUETER, MARC 401 FOUNTAIN LAKES BLVD. ST. CHARLES MO 63301	TITLE	<input type="checkbox"/> Delete
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S DIGNAM, PATRICK 401 FOUNTAIN LAKES BLVD. ST. CHARLES MO 63301	TITLE	<input type="checkbox"/> Delete
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TCD BAUMGART, JOHN 39 SOUTH LASALLE, SUITE 620 CHICAGO IL 60603	TITLE	<input type="checkbox"/> Delete
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D BAUMGART, SHARON 39 SOUTH LASALLE, SUITE 620 CHICAGO IL 60603	TITLE	<input type="checkbox"/> Delete
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D BAUMGART, ERIC 39 SOUTH LASALLE, SUITE 620 CHICAGO IL 60603	TITLE	<input type="checkbox"/> Delete
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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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 OF PATRICK DIGNAM - SECRETARY 1-7-03 636-925-8640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)