2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 8:00 am
Secretary of State
02-08-2005 90015 013 ***158.75

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1. Entity Name

UNITED COMMUNICATIONS SYSTEMS, INC. OF ILLINOIS

Principal Place of Business	Mailing Address
500 W. MADISON 411 CHICAGO IL 60661	500 W. MADISON 411 CHICAGO IL 60661 US

JJU11J00

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
500 W. MADISON	500 W MADISON
Suite, Apt. #, etc.: Suite 411	Suite, Apt. #, etc.: Suite 411
City & State: CHICAGO, IL	City & State: CHICAGO, IL
Zip: 60661 Country: USA	Zip: 60661 Country: USA

4. FEI Number 36-3832265 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WEIN, BILL
1101 GULF BREEZE BOX 141
GULF BREEZE FL 32561

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 Suzanne Ballek 1.27.05

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, 2005 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOP FOSTER, CRAIG J 500 W. MADISON STE 411 CHICAGO IL 60661	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Controller SUZANNE BALLEK 500 W. MADISON Suite 411 CHICAGO, IL 60661	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FOSTER, JAMES R 500 W. MADISON STE 411 CHICAGO IL 60661	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT HUGHES, DAVID E 1221 ABRAMS RD STE 100 RICHARDSON TX 75081	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SURDENIK, CHRISTOPHER M 500 W. MADISON ST., #411 CHICAGO IL 60661	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 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: Suzanne Ballek 1.27.05 312.681.8329

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #