

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005494

1. Entity Name

AMI COMMUNICATIONS, INCORPORATED

FILED

Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90096 050 ***150.00

Principal Place of Business

Mailing Address

W STATE
203
GENEVA IL 60134
US

1 W STATE
SUITE 203
GENEVA IL 60134-2288
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 36-3886280

Applied For
Not Applicable

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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME BUCHTA, ROBERT M
STREET ADDRESS 37W560 MILLS CT.
CITY-ST-ZIP ST. CHARLES IL 60175 ☐ Delete

TITLE P
NAME Buchta, Robert M
STREET ADDRESS 4N310 Knoll Creek Dr.
CITY-ST-ZIP St Charles IL 60175 ☒ Change ☐ Addition

TITLE V
NAME HABEREK, MARY
STREET ADDRESS 26 N HARRISON
CITY-ST-ZIP BATAVIA IL ☐ Delete

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

TITLE D
NAME REUSS, ROB
STREET ADDRESS 2600 MAIN ST, STE 3A
CITY-ST-ZIP ST CHARLES IL 60174-2469 ☒ Delete

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

TITLE D
NAME UBELHART, MARK
STREET ADDRESS 334 SHOME CT
CITY-ST-ZIP NAPERVILLE IL 60565 ☐ Delete

TITLE D
NAME Ubelhart, Mark
STREET ADDRESS 2175 Sutton Dr
CITY-ST-ZIP South Elgin, IL 60177 ☒ Change ☐ Addition

TITLE D
NAME EJ Stern
STREET ADDRESS 1803 Waukegan Rd
CITY-ST-ZIP Glenview, IL 60025 ☐ Delete

TITLE D
NAME EJ Stern
STREET ADDRESS 1803 Waukegan Rd
CITY-ST-ZIP Glenview, IL 60025 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary Haberek 3/2/00 630 2622900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)