FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 09, 2001 8:00 am Secretary of State DOCUMENT # F9300005494 1. Entity Name AMI COMMUNICATIONS, INCORPORATED 02-09-2001 90224 050 ***150.00 Principal Place of Business Mailing Address 1 W STATE 1 W STATE SUITE 203 SUITE 203 GENEVA IL 60134 GENEVA IL 60134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 36-3886280 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Delete TITLE ☐ Addition BUCHTA, ROBERT M NAME NAME STREET ADDRESS 37W560 MILLS CT. STREET ADDRESS CITY-ST-ZIP ST. CHARLES IL 60175 CITY-ST-ZIP ☐ Addition ☐ Delete TITI F ☐ Change TITLE HABEREK, MARY NAME NAME 26 N HARRISON STREET ADDRESS STREET ADDRESS CITY-ST-7IP BATAVIA IL CITY-ST-7IP Change Delete TITLE ☐ Addition TITLE REUSS, ROB NAME NAME 2600 MAIN ST, STE 3A STREET ADDRESS STREET ADDRESS CITY-ST-7IP ST CHARLES IL 60174-2469 City-St-7IP Change ☐ Addition TITLE ☐ Delete TITLE UBLEHART, MARK Ubelhart, Mark 2175 Sutton Dr NAME NAME 334 SHOME CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPERVILLE IL 60565 CITY-ST-7IP SOUTH EIGH ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE: Man P Habe Many P Haberek 2/5/01 630 262 2900