

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90077 026 ***150.00

DOCUMENT # F95000005515

1. Entity Name
NORIX GROUP, INC.

Principal Place of Business
**1000 ATLANTIC DRIVE
 WEST CHICAGO IL 60185**

Mailing Address
**% MICHAEL B. UDELL
 5745 S. UNIVERSITY DRIVE
 DAVIE FL 33328**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-3257149**

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

**UDELL, MICHAEL B
 5745 S. UNIVERSITY DRIVE
 DAVIE FL 33328**

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	CD KARL, RICHARD D 1825 PERSIMMON DRIVE ST CHARLES IL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition 60174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KARL, HEATHER L 1825 PERSIMMON DRIVE ST CHARLES IL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition 60174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD KARL, RICHARD B 1825 PERSIMMON DRIVE ST CHARLES IL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☒ Addition P SCOTT C. KARL 24 STIRRUP CUP ST. CHARLES, IL 60174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BOYLAN, MICHAEL G 5 NORTH THIRD STREET GENEVA IL 60134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 17 NORTH SIXTH STREET, P. O. BOX 705
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

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael G. Boylan AS 2-12-02 630-232-7670

CP2502-1 (9/01)