

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90436 042 \*\*\*150.00

**DOCUMENT #** F94000000733

**1. Entity Name**  
Andrew International Services Corp

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 10500 W 153rd St		<b>3. Mailing Address</b> 10500 W 153rd St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> Orlando Park IL	<b>City &amp; State</b> Orlando Park IL	<b>4. FEI Number</b> 36-3997554	<b>Applied For</b> Not Applicable
<b>Zip</b> 60462	<b>Country</b>	<b>Zip</b> 60462	<b>Country</b>

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	<b>7. Name and Address of Current Registered Agent</b>	
	<b>Name</b> Corporation Service Co	
	<b>Street Address (P.O. Box Number is Not Acceptable)</b> 1201 Mayo Street	
	<b>City</b> Tallahassee	<b>Zip Code</b> 32301

**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** \_\_\_\_\_ (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)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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**

<b>TITLE</b> President & Director	<b>TITLE</b>
<b>NAME</b> F.L. English	<b>NAME</b>
<b>STREET ADDRESS</b> 10500 W 153rd St	<b>STREET ADDRESS</b>
<b>CITY - ST - ZIP</b> Orlando Park IL 60462	<b>CITY - ST - ZIP</b>
<b>TITLE</b> V.P. & Treasurer	<b>TITLE</b>
<b>NAME</b> M.G. Gitterman	<b>NAME</b>
<b>STREET ADDRESS</b> 10500 W 153rd St	<b>STREET ADDRESS</b>
<b>CITY - ST - ZIP</b> Orlando Park IL 60462	<b>CITY - ST - ZIP</b>
<b>TITLE</b> V.P. Secretary & Director	<b>TITLE</b>
<b>NAME</b> G.F. Petelle	<b>NAME</b>
<b>STREET ADDRESS</b> 10500 W 153rd St	<b>STREET ADDRESS</b>
<b>CITY - ST - ZIP</b> Orlando Park IL 60462	<b>CITY - ST - ZIP</b>
<b>TITLE</b> Y.P.	<b>TITLE</b>
<b>NAME</b> G.F. MARUSZAK	<b>NAME</b>
<b>STREET ADDRESS</b> 10500 W 153rd St	<b>STREET ADDRESS</b>
<b>CITY - ST - ZIP</b> Orlando Park IL 60462	<b>CITY - ST - ZIP</b>
<b>TITLE</b> V.P. & Director	<b>TITLE</b>
<b>NAME</b> C.R. Nicholas	<b>NAME</b>
<b>STREET ADDRESS</b> 10500 W 153rd St	<b>STREET ADDRESS</b>
<b>CITY - ST - ZIP</b> Orlando Park IL 60462	<b>CITY - ST - ZIP</b>
<b>TITLE</b>	<b>TITLE</b>
<b>NAME</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>
<b>CITY - ST - ZIP</b>	<b>CITY - ST - ZIP</b>

**DO NOT WRITE IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** Y.P. Treasurer 708 349.3300

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

CR2E034B (12/01)