

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90181 007 ***150.00

0570298 AV

DOCUMENT # F96000000820
 1. Entity Name
AMERICAN IMAGING MANAGEMENT, INC.

Principal Place of Business Mailing Address
40 SKOKIE BLVD., STE. 500 **40 SKOKIE BLVD., STE. 500**
NORTHBROOK IL 60062 **NORTHBROOK IL 60062**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
36-3692630 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.
 SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

TITLE NAME	P. HARRINGTON, DAVID <input type="checkbox"/> Delete
STREET ADDRESS	11219 S CHAMPLAIN #2
CITY-ST-ZIP	CHICAGO IL 60628
TITLE NAME	T. MAJKOWSKI, MARK <input type="checkbox"/> Delete
STREET ADDRESS	60 E CHESTNUT SUITE 424
CITY-ST-ZIP	CHICAGO IL 60611
TITLE NAME	C. LINDSLEY, HAYS <input type="checkbox"/> Delete
STREET ADDRESS	5525 STONEGATE ROAD
CITY-ST-ZIP	DALLAS TX 75209
TITLE NAME	D. LORIO, C J <input type="checkbox"/> Delete
STREET ADDRESS	5426 GLENWICK LANE
CITY-ST-ZIP	DALLAS TX 75209
TITLE NAME	S. ARMATAS, NANCY A <input checked="" type="checkbox"/> Delete
STREET ADDRESS	440 N WABASH AVE #705
CITY-ST-ZIP	CHICAGO IL 60611
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	HARRINGTON, DAVID <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **1/21/02** **847-564-8500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)