2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F96000000820

Title:

Title:

Name:

Address: City-St-Zip:

Name:

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5426 GLENWICK LANE

DALLAS, TX 75209

ARMATAS, NANCY A

CHICAGO, IL 60611

440 N WABASH AVE #705

LORIO, C J

FILED Jun 12, 2003 Secretary of State

Entity Name: AMERICAN IMAGING MANAGEMENT, INC. **Current Principal Place of Business: New Principal Place of Business:** 40 SKOKIE BLVD., STE. 500 NORTHBROOK, IL 60062 **Current Mailing Address: New Mailing Address:** 40 SKOKIE BLVD., STE. 500 NORTHBROOK, IL 60062 FEI Number: 36-3692630 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition HARNNGTON, DAVID HARRINGTON, DAVID Name: Name: 11219 S CHAMPLAIN #2 11219 S CHAMPLAIN #2 Address: Address: City-St-Zip: CHICAGO, IL 60628 City-St-Zip: CHICAGO, IL 60628 Title: Title: () Change () Addition () Delete MAJKOWSKI, MARK Name: Name: 60 E CHESTNUT SUITE 424 Address: Address: CHICAGO, IL 60611 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition LINDSLEY, HAYS Name: Name: 5525 STONEGATE ROAD Address: Address: City-St-Zip: DALLAS, TX 75209 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: TIMOTHY C. DILLON S 06/12/2003

() Change () Addition

(X) Change () Addition

DILLON, TIMOTHY C

CHICAGO, IL 60610

1335 N ASTOR STREET