

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91900 024 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F96000004198					
1. Entity Name MIDAS INTERNATIONAL CORPORATION					
Principal Place of Business 1300 ARLINGTON HEIGHTS ROAD ITASCA, IL 60143			Mailing Address 1300 ARLINGTON HEIGHTS ROAD ITASCA, IL 60143		
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 36-1265336			Applied For ☐ Not Applicable		
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		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when returning) DATE					
FILE NOW!! FEE \$150.00 Arise May 2003 Fee will be \$150.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DCP	☐ Delete	TITLE	CEO Director	☒ Change ☐ Addition
NAME	PROVINCE, WENDEL H		NAME	Alan D. Feldman	
STREET ADDRESS	1300 ARLINGTON HEIGHTS ROAD		STREET ADDRESS		
CITY-ST-ZIP	ITASCA, IL 60143		CITY-ST-ZIP		
TITLE	VPT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MATRE, DAVID W		NAME		
STREET ADDRESS	1300 ARLINGTON HEIGHTS ROAD		STREET ADDRESS		
CITY-ST-ZIP	ITASCA, IL 60143		CITY-ST-ZIP		
TITLE	DCFO	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GUZIK, WILLIAM M		NAME		
STREET ADDRESS	1300 ARLINGTON HEIGHTS ROAD		STREET ADDRESS		
CITY-ST-ZIP	ITASCA, IL 60143		CITY-ST-ZIP		
TITLE	DS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MARR, ALVIN K		NAME		
STREET ADDRESS	1300 ARLINGTON HEIGHTS ROAD		STREET ADDRESS		
CITY-ST-ZIP	ITASCA, IL 60143		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: _____			4/30/03 (630) 438-3000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Original Phone #		

CH2034 (10/02)