

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90024 006 \*\*\*150.00

**DOCUMENT # F97000000953**

1. Entity Name  
**ATC/VANCOM, INC.**

Principal Place of Business <b>1 MID AMERICA PLAZA #401          OABROOK TERRACE IL 60181</b>	Mailing Address <b>1 MID AMERICA PLAZA #401          OABROOK TERRACE IL 60181-4704</b>
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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 **36-4119560**      Applied For  
 Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00          After MAY 1, 2000 Fee will be \$550.00          Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>DC</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>VAN DER AA, JOHN G</b>		NAME <b>WHITE, PHILIP</b>	
STREET ADDRESS <b>1 MID AMERICA PLAZA #401</b>		STREET ADDRESS <b>ONE MID AMERICA PLAZA, SUITE 401</b>	
CITY-ST-ZIP <b>OABROOK TERRACE IL 60181</b>		CITY-ST-ZIP <b>OAKBROOK TERRACE IL 60181</b>	
TITLE <b>DCP</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>DP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>VAN DER AA, TERRY L</b>		NAME <b>VAN DER AA, TERRY L.</b>	
STREET ADDRESS <b>1 MID AMERICA PLAZA #401</b>		STREET ADDRESS <b>ONE MID AMERICA PLAZA, SUITE 401</b>	
CITY-ST-ZIP <b>OABROOK TERRACE IL 60181</b>		CITY-ST-ZIP <b>OAKBROOK TERRACE, IL 60181</b>	
TITLE <b>CEO</b>	<input type="checkbox"/> Delete	TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>VAN DER AA, TERRY L</b>		NAME <b>DURHAM, LARRY</b>	
STREET ADDRESS <b>1 MID AMERICA PLAZA #401</b>		STREET ADDRESS <b>ONE MID AMERICA PLAZA, SUITE 401</b>	
CITY-ST-ZIP <b>OABROOK TERRACE IL 60181</b>		CITY-ST-ZIP <b>OAKBROOK TERRCE, IL 60181</b>	
TITLE <b>VTS</b>	<input type="checkbox"/> Delete	TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>VAN DER AA, RODNEY J</b>		NAME <b>ELDRID, DEAN</b>	
STREET ADDRESS <b>1 MID AMERICA PLAZA #401</b>		STREET ADDRESS <b>ONE MID AMERICA PLAZA, SUITE 401</b>	
CITY-ST-ZIP <b>OABROOK TERRACE IL 60181</b>		CITY-ST-ZIP <b>OAKBROOK TERRACE, IL 60181</b>	
TITLE <b>VS</b>	<input type="checkbox"/> Delete	TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>KREITER, FREDRIC J</b>		NAME <b>ROLLASON, WILLIAM</b>	
STREET ADDRESS <b>1 MID AMERICA PLAZA #401</b>		STREET ADDRESS <b>ONE MID AMERICA PLAZA, SUITE 401</b>	
CITY-ST-ZIP <b>OABROOK TERRACE IL 60181</b>		CITY-ST-ZIP <b>OAKBROOK TERRACE, IL 60181</b>	
TITLE <b>VCFO</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MC CLOUD, W H</b>		NAME	
STREET ADDRESS <b>1 MID AMERICA PLAZA #401</b>		STREET ADDRESS	
CITY-ST-ZIP <b>OABROOK TERRACE IL 60181</b>		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: **FREDRIC J. KREITER**      1/24/00      630/571-7070  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)