

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90138 011 ***150.00

DOCUMENT # F97000000953

1. Entity Name
ATCVANCOM, INC.

Principal Place of Business 1 MID AMERICA PLAZA #401 OABROOK TERRACE IL 60181	Mailing Address 1 MID AMERICA PLAZA #401 OABROOK TERRACE IL 60181
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2. Principal Place of Business 2015 Spring Road, Ste. 750 Suite, Apt. #, etc.	3. Mailing Address 2015 Spring Road, Ste. 750 Suite, Apt. #, etc.
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City & State Oak Brook, Illinois	City & State Oak Brook, Illinois
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Zip 60523	Country DuPage	Zip 60523	Country DuPage
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4. FEI Number 36-4119560	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

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 _____ 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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, PHILIP 1 MID AMERICA PLAZA #401 OABROOK TERRACE IL 60181	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Larry Durham 9011 Mountain Ridge Drive, Ste. 200 Austin, Texas 78759	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VAN DER AA, TERRY L 1 MID AMERICA PLAZA #401 OABROOK TERRACE IL 60181	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Terry L. Van Der As 2015 Spring Road, Ste. 600 Oak Brook, Illinois 60523	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO VAN DER AA, TERRY L 1 MID AMERICA PLAZA #401 OABROOK TERRACE IL 60181	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO James M. Long 2015 Spring Road, Ste. 750 Oak Brook, Illinois 60523	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT LONG, JAMES M ONE MID AMERICA PLAZA # 401 OAKBROOK TERRACE IL 60181	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T David W. Galanis 2015 Spring Road, Ste. 750 Oak Brook, Illinois 60523	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KREITER, FREDRIC J 1 MID AMERICA PLAZA #401 OABROOK TERRACE IL 60181	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S John T. Hoeft 14275 Midway Road, Ste. 220 Addison, Texas 75001	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO MCCLOUD, W H 1 MID AMERICA PLAZA #401 OABROOK TERRACE IL 60181	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr.VP/COO Willie H. McCloud 2015 Spring Road, Ste. 750 Oak Brook, Illinois 60523	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Willie H. McCloud** **02/18/02** **630-571-7070**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)