2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

F97000003204

1. Entity Name

STE. 200

Principal Place of Business

2400 SOUTH WOLF ROAD

WESTCHESTER IL 60154

ENTERPRISE RECOVERY SYSTEMS, INC.



FILED Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90110 023 ***158.75

C.	
Mailing Address 2400 SOUTH WOLF ROAD STE. 200 WESTCHESTER IL 60154	
3. Mailing Address	
Suite, Apt. #, etc.	 ☐ CHECK HERE IF MAKING CHA

Bulling and Dioco of Rusinoss		3. Mailing Address			ļ ,	(Inditing the same party and			
2. Principal Place of Business		3. Walling Addition							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FE	FEI Number 36-3594864 Applied For Not Applied				
Zip	Country	Zip	Zip Cour		ry	5. C	5. Certificate of Status Desired X \$8.75 Addit Fee Required		
					7. Name and Address of New Registered Agent				
6. Name and Address of Current Registered Agent				Name					
				Į			•		
C T CORPORATION SYSTEM				Street Address (P.O. Box Number is Not Acceptable)					
1200 SOUT	th pine island RD.			ļ					
PLANTATIO	ON FL 33324								
				City FL Zip Code					
		- 11	and of changing its	ragistere	od office or re	egistered age	ent, or both, in the State of Florida. I am	familiar with, a	ind accept
8. The above	named entity submits this statement to lons of registered agent.	r the purp	ose of chariging its	registere	a omoc or re	,g.c.c g -			
the obligati	Ons of registered agons.								
SIGNATURE .	Signature, typed or printed name of registered agent		Footble (NOTI	F: Registere	1 Agent signature	required when rei	instating) DATE		
					-				
F	LE NOW!!! FEE IS \$150.00	:					9. Election Campaign Financing		May Be
After	May 1, 2003 Fee will be \$550.00	4 64-4-					Trust Fund Contribution.	∐ Added	to Fees
Make Check	Payable to Florida Department o			1 24			DITIONS/CHANGES TO OFFICERS AN	D DIRECTORS	3 IN 11
10.	OFFICERS AND	DIRECTO		11.			Briono/orinitale te extremi	☐ Change	Addition
TITLE	P		☐ Delete	TITL			•		_
NAME	TORNATORE, SAM				ET ADDRESS				
	5801 S. GRANT				- ST-ZIP				
CITY-ST-ZIP	HINSDALE IL 60521			TITE				☐ Change	☐ Addition
TITLE	V		☐ Delete	NAN					
NAME	BASSETT, JEFF				EET ADDRESS				
STREET ADDRESS	4813 STANLEY				-ST-ZIP				
CITY-ST-ZIP	DOWNERS GROVE IL 60525	 	Delete	TITL				☐ Change	☐ Addition
TITLE	S CAME		Delete	NAN					
NAME	TORNATORE, SAM 15801 S. GRANT			STR	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	HINSDALE IL 60521			CIT	r-ST-ZIP				
	THIOD/IEE IE OOCT		Delete	TITI	E T			Change	☐ Addition
TITLE			CT Delete	NAM					
NAME OTREET ADDRESS	1				EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				CIT	Y-ST-ZIP				
01(1-31-41)			☐ Dolete		E .			Change	Addition

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. CITY-ST-ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Delete

☐ Delete

630-574-3113

CR2E034 (10/02)

☐ Change

Addition