

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 12, 2002 8:00 am
Secretary of State

08-12-2002 90006 038 ***550.00

DOCUMENT # F99000002233

1. Entity Name
SVC MANUFACTURING, INC.

Principal Place of Business
**321 NORTH CLARK STREET - 25-4
 CHICAGO IL 60610**

Mailing Address
**321 NORTH CLARK STREET - 25-4
 CHICAGO IL 60610**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

700 Anderson Hill Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Purchase, NY

4. FEI Number

36-4286604

Applied For

Not Applicable

Zip

Country

Zip

Country

10577

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 signature required when reinstating)

DATE

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---------------------------------|--|--|
| TITLE VS NAME BEAN, JOSEPH W STREET ADDRESS 321 N. CLARK STREET - 25-4 CITY-ST-ZIP CHICAGO IL | <input type="checkbox"/> Delete | TITLE VS NAME Brian m. Nurse STREET ADDRESS 700 Anderson Hill Road CITY-ST-ZIP Purchase, NY 10577 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VAT NAME JAMES, DOUGLAS A STREET ADDRESS 321 N. CLARK STREET - 25-4 CITY-ST-ZIP CHICAGO IL | <input type="checkbox"/> Delete | TITLE VT NAME Renee Garbus STREET ADDRESS 700 Anderson Hill Road CITY-ST-ZIP Purchase, NY 10577 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE P NAME ANNES, MICHAEL D STREET ADDRESS 321 N. CLARK STREET - 25-4 CITY-ST-ZIP CHICAGO IL | <input type="checkbox"/> Delete | TITLE P NAME w. Timothy Heavyside STREET ADDRESS 700 Anderson Hill Road CITY-ST-ZIP Purchase, NY 10577 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE V NAME HUMMEL, JEFFREY STREET ADDRESS 321 N. CLARK STREET - 25-4 CITY-ST-ZIP CHICAGO IL | <input type="checkbox"/> Delete | TITLE V NAME Sarah McGill STREET ADDRESS 700 Anderson Hill Road CITY-ST-ZIP Purchase, NY 10577 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE V NAME WELCH, MICHAEL T STREET ADDRESS 321 N. CLARK STREET - 25-4 CITY-ST-ZIP CHICAGO IL | <input type="checkbox"/> Delete | TITLE V NAME David Yawman STREET ADDRESS 700 Anderson Hill Road CITY-ST-ZIP Purchase, NY 10577 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

CR2E034 (4/02)

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: **SIGNATURE REQUIRED** **Brian m. Nurse** 7/30/02 914 253-2889
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #