


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 90249 003 ***150.00

DOCUMENT # F99000002233

1. Entity Name
SVC MANUFACTURING, INC.



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

Mailing Address
**700 ANDERSON HILL RD
PURCHASE NY 10577**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **36-4286604**

Applied For
 Not Applicable

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

CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE	VS	<input type="checkbox"/> Delete
NAME	NURSE, BRIAN M	
STREET ADDRESS	700 ANDERSON HILL RD	
CITY-ST-ZIP	PURCHASE NY 10577	
TITLE	VT	<input type="checkbox"/> Delete
NAME	GARBUS, RENEE	
STREET ADDRESS	700 ANDERSON HILL RD	
CITY-ST-ZIP	PURCHASE NY 10577	
TITLE	P	<input type="checkbox"/> Delete
NAME	HEAVISIDE, W. TIMOTHY	
STREET ADDRESS	700 ANDERSON HILL RD	
CITY-ST-ZIP	PURCHASE NY 10577	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCGILL, SARAH	
STREET ADDRESS	700 ANDERSON HILL RD	
CITY-ST-ZIP	PURCHASE NY 10577	
TITLE	V	<input type="checkbox"/> Delete
NAME	YAWMAN, DAVID	
STREET ADDRESS	700 ANDERSON HILL RD	
CITY-ST-ZIP	PURCHASE NY 10577	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph Ligouri	
STREET ADDRESS	700 Anderson Hill Rd.	
CITY-ST-ZIP	Purchase, NY 10577	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: SIGNATURE REQUIRED 4/25/03 (914) 053-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)