

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State
 04-20-2000 90086 025 ***150.00

DOCUMENT # F99000003877

1. Entity Name
EXTENDED CARE INFORMATION NETWORK, INC.

Principal Place of Business
540 FRONTAGE RD., SUITE 1005
NORTHFIELD IL 60093

Mailing Address
540 FRONTAGE RD., SUITE 1005
NORTHFIELD IL 60062-6140

2. Principal Place of Business
2100 SANDERS RD.

3. Mailing Address
2100 SANDERS RD.

Suite, Apt. #, etc.
SUITE 120

Suite, Apt. #, etc.
SUITE 120

City & State
NORTHBROOK, IL

City & State
NORTHBROOK, IL

Zip
60062

Country

Zip
60062

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **36-4016836**

Applied For
 Not Applicable

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

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 _____ (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 \$150.00
After MAY 1, 2000 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	PD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	EBERSON, ROBERT A			NAME			
STREET ADDRESS	540 FRONTAGE RD., SUITE 1005			STREET ADDRESS			
CITY-ST-ZIP	NORTHFIELD IL 60093			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KERBER, SCOTT D			NAME			
STREET ADDRESS	540 FRONTAGE RD., SUITE 1005			STREET ADDRESS	2100 SANDERS RD., SUITE 120		
CITY-ST-ZIP	NORTHFIELD IL 60093			CITY-ST-ZIP	NORTHBROOK, IL 60062		
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YUSEN, THEODORE J			NAME			
STREET ADDRESS	540 FRONTAGE RD., SUITE 1005			STREET ADDRESS			
CITY-ST-ZIP	NORTHFIELD IL 60093			CITY-ST-ZIP			
TITLE	AS	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CROWLEY, WILBERT F			NAME			
STREET ADDRESS	55 W. MONROE ST., SUITE 500			STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60603			CITY-ST-ZIP			
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHERIDAN, PHILLIP JR., MD			NAME			
STREET ADDRESS	267 RIDGE AVENUE			STREET ADDRESS			
CITY-ST-ZIP	WINNETKA IL 60093			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CROGHAN, JOHN MD			NAME			
STREET ADDRESS	1625 SHERIDAN ROAD			STREET ADDRESS			
CITY-ST-ZIP	WILMETTE IL 60091			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: Scott T. Mcomber, Secretary 4/13/00 847-412-0505

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

CR2E034 (9/99)

#F99000003877

836572

Extended Care Information Network, Inc.

FEIN: 36-4016836

4/00

Executive Officers

Jeffery A. Surges
2100 Sanders Rd., Suite 120
Northbrook, IL 60062
President & CEO

Scott D. Kerber
2100 Sanders Rd., Suite 120
Northbrook, IL 60062
Sr. Vice President & CTO

Scott T. Macomber
2100 Sanders Rd., Suite 120
Northbrook, IL 60062
Sr. Vice President & CFO, Secretary & Treasurer

Timothy Martin
2100 Sanders Rd., Suite 120
Northbrook, IL 60062
Sr. Vice President Sales

Directors

Glen Tullman, Chairman
Allscripts, Inc.
2401 Commerce Dr.
Libertyville, IL 60048-4464

Tasso Coin
55 W. Monroe
Suite 500
Chicago, IL 60603

Ian Larkin
William Blair & Company
222 W. Adams St.
Chicago, IL 60606

David Mullen
Allscripts, Inc.
2401 Commerce Dr.
Libertyville, IL 60048-4464

David G. O'Neill
William Blair & Company
222 W. Adams St.
Chicago, IL 60606

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