# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 19, 2001 8:00 am**
**Secretary of State**
04-19-2001 90293 048 ***150.00

DOCUMENT # F99000004497

1. Entity Name
PRODUCT DEVELOPMENT TECHNOLOGIES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 600 HEATHROW DR.<br>LINCOLNSHIRE IL 60069 | 600 HEATHROW DR.<br>LINCOLNSHIRE IL 60069 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 36-4042508 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| CASTANEDA, JULIO C<br>9690 WEST SAMPLE RD., #201<br>CORAL GABLES FL 33065 | Name<br>Street Address (P.O. Box Number is Not Acceptable) 210 N. University Drive<br>Suite 810<br>City Coral Springs FL Zip Code 33071 |

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 _____
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 $150.00**
**After MAY 1, 2001 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 | P<br>CASTANEDA, JULIO C<br>9690 W. SAMPLE RD., #201<br>CORAL GABLES FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>210 N. University Drive Suite 810<br>Coral Springs, FL 33071 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>IEZZI, PETER<br>9690 W. SAMPLE RD., #201<br>CORAL GABLES FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>210 N. University Drive Suite 810<br>Coral Springs, FL 33071 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CD<br>SCHWARTZ, MARK<br>600 HEATHROW DR.<br>LINCOLNSHIRE IL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>SEMENK, SCOTT<br>600 HEATHROW DR.<br>LINCOLNSHIRE IL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MAY, DAVID<br>600 HEATHROW DR.<br>LINCOLNSHIRE IL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WILTGEN, RAY<br>600 HEATHROW DR.<br>LINCOLNSHIRE IL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (10/00)

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:** _____ (847) 821-3060 1/8/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #