

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

07-31-2001 90006 014 \*\*\*550.00

0130916 AT

**DOCUMENT # F99000006159**

**1. Entity Name**  
**AURUM TECHNOLOGY INC.**

**Principal Place of Business**  
**2701 W. PLANO PARKWAY**  
**#600**  
**PLANO TX 75075**

**Mailing Address**  
**2701 W. PLANO PARKWAY**  
**#600**  
**PLANO TX 75075**

AURUM



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **06-1150826**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

**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 RD.**  
**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.**

**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 12, 2001 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**

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>GILL, DANIEL</b>
STREET ADDRESS	<b>227 W. MONROE STREET SUITE 4300</b>
CITY-ST-ZIP	<b>CHICAGO IL 60606</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>PCEO</b>
STREET ADDRESS	<b>MATURI, RAYMOND R</b>
CITY-ST-ZIP	<b>2701 W. PLANO PARKWAY SUITE 6000</b> <b>PLANO TX 75075</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>D</b>
STREET ADDRESS	<b>WILLIS, JOHN</b>
CITY-ST-ZIP	<b>227 W. MONROE STREET SUITE 4300</b> <b>CHICAGO IL 60606</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>D</b>
STREET ADDRESS	<b>RADEMACHER, HOLLIS</b>
CITY-ST-ZIP	<b>55 W. MONROE STREET SUITE 2530</b> <b>CHICAGO IL 60603</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>D</b>
STREET ADDRESS	<b>STEANS, HARRISON</b>
CITY-ST-ZIP	<b>405 NORTH WABASH AVENUE</b> <b>CHICAGO IL 60611</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>CFOT</b>
STREET ADDRESS	<b>SCAFF, SCOTT B</b>
CITY-ST-ZIP	<b>2701 W. PLANO PARKWAY SUITE 600</b> <b>PLANO TX 75075</b>

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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)(l), 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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/01 975-943-2657  
 Date Daytime Phone #

CR2E034 (5/01)