2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State
05-15-2001 90202 033 ***158.75

DOCUMENT # M80337

1. Entity Name

INTERNATIONAL ACADEMY OF ~~MERCHANDISING &~~ DESIGN

U0053518

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5225 WEST MEMORIAL HWY. TAMPA FL 33634 US	2800 W HIGGINS RD STE 790 HOFFMAN ESTATES IL 60195 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 600
City & State	City & State Hoffman Estates, IL
Zip / Country	Zip 60195 / Country USA

4. FEI Number 59-2887925 ☐ 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
CT CORPORATION SYSTEM 1200 S 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD LARSON, JOHN M 2800 W HIGGINS RD, STE 790 HOFFMAN ESTATES IL 60195	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 2895 Greenspoint Pkwy. Suite 600 Hoffman Estates, IL 60195
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSTD PESCH, PATRICK 2800 W HIGGINS RD, STE 790 HOFFMAN ESTATES IL 60195	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 2895 Greenspoint Pkwy. Suite 600 Hoffman Estates, IL 60195
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS NACHTSHEIM, ROBERT 2800 W HIGGINS RD, STE 790 HOFFMAN ESTATES IL 60195	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 2895 Greenspoint Pkwy. Suite 600 Hoffman Estates, IL 60195
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS MCELLHINEY, JAMES 2800 W HIGGINS RD #790 HOFFMAN ESTATES IL 60195	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 2895 Greenspoint Pkwy. Ste. 600 Hoffman Estates, IL 60195
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: _____ Robert Nachtsheim 4/26/01 (847)781-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #