

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90838 021 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

**DOCUMENT # M80337**  
 1. Entity Name  
**INTERNATIONAL ACADEMY OF MERCHANDISING & DESIGN, INC.**

|                                                                                         |                                                                                                  |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>5225 WEST MEMORIAL HWY.<br/>TAMPA FL 33634<br/>US</b> | Mailing Address<br><b>2895 GREENPOINT PKWY<br/>SUITE 600<br/>HOFFMAN ESTATES IL 60195<br/>US</b> |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|

|                                                           |                                               |
|-----------------------------------------------------------|-----------------------------------------------|
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc. | 3. Mailing Address<br><br>Suite, Apt. #, etc. |
|-----------------------------------------------------------|-----------------------------------------------|

|              |              |                                                                                                            |                                                        |
|--------------|--------------|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| City & State | City & State | 4. FEI Number<br><b>59-2887925</b>                                                                         | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip          | Country      | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                        |

**6. Name and Address of Current Registered Agent**  
**CT CORPORATION SYSTEM**  
**1200 S PINE ISLAND RD**  
**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

|                                                                                                                                                                  |                                                                                                                                         |                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| 9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2002 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|

**11. OFFICERS AND DIRECTORS**

|                                                |                                                                                                                                             |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>LARSON, JOHN M<br/>2895 GREENPOINT PKWY, SUITE 600<br/>HOFFMAN ESTATES IL 60195</b> <input type="checkbox"/> Delete               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VSTD<br/>PESCH, PATRICK<br/>2895 GREENPOINT PKWY, SUITE 600<br/>HOFFMAN ESTATES IL 60195</b> <input type="checkbox"/> Delete             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>AS<br/>NACHTSHEIM, ROBERT<br/>2895 GREENPOINT PKWY, SUITE 600<br/>HOFFMAN ESTATES IL 60195</b> <input type="checkbox"/> Delete           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>AS<br/>MCELLHINEY, JAMES<br/>2895 GREENPOINT PKWY, SUITE 600<br/>HOFFMAN ESTATES IL 60195</b> <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                             |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                                                |                                                                   |
|------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:** *[Signature]* **REQUIRED** (847) 781-3600 4/12/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)