


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90132 025 ***150.00

DOCUMENT # P00000039667
1. Entity Name
3RD COAST TECHNOLOGY GROUP, INC.



90070676

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1006 STONEHEDGE ROAD
Suite, Apt. #, etc.

3. Mailing Address
1006 STONEHEDGE ROAD
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ST. CHARLES, ILLINOIS

City & State
ST. CHARLES, ILLINOIS

4. FEI Number
593655559

Applied For
 Not Applicable

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

Zip
60174 Country
USA Zip
60174 Country
USA

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
JOHN S. McAVOY

Street Address (P.O. Box Number is Not Acceptable)
484 HARBOR DRIVE NORTH

City
INDIAN ROCKS BEACH FL Zip Code
33785

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE John S. McAvoy JOHN S. McAVOY 1/21/2003
Signature typed or printed name of registered agent and city if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to: Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS | | | |
|--|---|--|---------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>DIRECTOR & PRESIDENT JOHN S. SANDBERG 1006 STONEHEDGE ROAD ST. CHARLES, IL 60174</u> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>DIRECTOR & SECRETARY MARK STRANGIO 38 BOWDOIN STREET NEWTON, MA 02461</u> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address with all other like empowered.

SIGNATURE: John S. Sandberg JOHN S. SANDBERG 3/31/03 630-377-8945
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #