2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2000 8:00 am
Secretary of State
08-21-2000 90214 014 ***550.00

DOCUMENT # P13754

1. Entity Name
MID-AMERICA RESEARCH, INC.

AU073633

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
999 NORTH ELMHURST ROAD MT. PROSPECT IL 60056	999 NORTH ELMHURST ROAD MT. PROSPECT IL 60056

2. Principal Place of Business	3. Mailing Address
NO CHANGE	NO CHANGE
Suite, Apt. #, etc.: 210	Suite, Apt. #, etc.: 210
City & State: No Change	City & State: No Change
Zip / Country	Zip: / Country: USA

4. FEI Number 36-3306438 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

OTTENFELD, MARSHALL
303 US 301 BLVD. WEST
SUITE 811, DESOTO SQUARE MALL
BRADENTON FL 34205

7. Name and Address of New Registered Agent

Name: No Change
Street Address (P.O. Box Number is Not Acceptable): No Change
City: No Change **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 13, 2000 Min. 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD OTTENFELD, MARSHALL 999 NORTH ELMHURST ROAD MT. PROSPECT IL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S OTTENFELD, GLORIA J 999 NORTH ELMHURST ROAD MT. PROSPRECT IL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (5/00)

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: [illegible] REQUIRED 8-15-00 847-870-6262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #