

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91499 024 \*\*\*150.00

**DOCUMENT # P33685**

1. Entity Name

**STAVELEY SERVICES NORTH AMERICA, INC.**

Principal Place of Business

**192 INTERNATIONALE BLVD.  
 GLENDALE HEIGHTS IL 60139  
 US**

Mailing Address

**18419 EUCLID AVE  
 CLEVELAND OH 44112-016  
 US**

2. Principal Place of Business

3. Mailing Address

**192 Internationale Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**GLENDALE HEIGHTS IL 60139**

4. FEI Number

**06-1226185**

Applied For

Not Applicable

Zip

Country

Zip

Country

**USA.**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 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 \$150.00  
 After May 1, 2002 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 **DC TODD, R. LAURENCE**  Delete  
 STREET ADDRESS **11 DINGWALL ROAD**  
 CITY-ST-ZIP **CROYDON, ENGLAND**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME **PD SLIVA, THOMAS**  Delete  
 STREET ADDRESS **192 INTERNATIONALE BLVD**  
 CITY-ST-ZIP **GLENDALE HEIGHTS IL 60139**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME **T SINCHAK, L.R.**  Delete  
 STREET ADDRESS **192 INTERNATIONALE BLVD.**  
 CITY-ST-ZIP **GLENDALE HEIGHTS IL 60139**

TITLE NAME **DS**  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME **S HARDY, S.L.**  Delete  
 STREET ADDRESS **7150 LONGVIEW DR**  
 CITY-ST-ZIP **SSOLON OH 44139-0456**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME **V.P. BERT HILDEBRAND**  Change  Addition  
 STREET ADDRESS **916 Gateway**  
 CITY-ST-ZIP **Burlington, ONT CANADA L7L 5K7**

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 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)(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: *S. Hardy* **REGISTERED AGENT**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/02** **(216) 383-4989**  
 Date Daytime Phone #

CR2E034 (9/01)