2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F9700003381 May 08, 2000 8:00 am Secretary of State DRUM CORPS INTERNATIONAL, INCORPORATED 05-08-2000 90202 026 ****61.25 Principal Place of Business Mailing Address 1263 SOUTH HIGHLAND AVE 1263 SOUTH HIGHLAND AVE LOMBARD IL 60148-4516 LOMBARD IL 60148 3. Mailing Address 2. Principal Place of Business 470 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 36-2754480 Not Applicable 1.02i201 Country Country \$8.75 Additional 5. Certificate of Status Desired. 60101 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) VALENTINE, TERRY 2322 ROAT DRIVE ORLANDO FL 32835 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 FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE TITLE ☐ Delete NAME GIBBS, DAVID NAME STREET ADDRESS STREET ADDRESS 4065 NELSON AVE CITY-ST-ZIP CITY-ST-7IE CONCORD CA 94520 ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME Kruszecki. Len STREET ADDRESS STREET ADDRESS 3015 E. BAYSHORE RD #440 CITY-ST-ZIP CITY-ST-7IP REDWOOD CITY CA 94063 Addition ☐ Change TITLE ☐ Delete TITLE NAME ISTASA. MARK STREET ADDRESS STREET ADDRESS 500 WOODWARD AVE. STE. 2500 CITY-ST-ZIP CITY-ST-ZIP Detroit MI 48226 ☐ Addition ☐ Delete TITLE ☐ Change NAME FIEDLER, JEFF STREET ADDRESS STREET ADDRESS 330 W. DIVERSEY #1007 CITY-ST-ZIP CHICAGO IL_60657 DST ☐ Delete Addition TITLE NAME acheson, daniel e 470 S. IRMEN DR ADDISON, ILL 60101 STREET ADDRESS STREET ADDRESS |1263 S HIGHLAND AVE CITY-ST-ZIP CITY-ST-ZIP LOMBARD IL 60148 ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: SIGNATURE AND TYPED OR DESIGNATION NAME OF SIGNATURE DANS OF THE PROPERTY OF THE PR

changed, or on an attachment with an addr