2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State
04-04-2001 90148 037 ***150.00

DOCUMENT # F98 000006765

1. Entity Name
RCT SYSTEMS, INC.

Principal Place of Business | Mailing Address

C0041614

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
√11 N. CUMBERLAND AVE	√11 N. CUMBERLAND
Suite, Apt. #, etc. SUITE 602	Suite, Apt. #, etc. SUITE 602
City & State CHICAGO, IL	City & State CHICAGO, IL
Zip 606√6 Country USA	Zip 606√6 Country USA

4. FEI Number 36-3849√ ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
	Name: LEXIS DOCUMENT SERVICES
	Street Address (P.O. Box Number is Not Acceptable): 3913 W W KELLY RD
	City: TALLAHASSEE FL Zip Code: 32311

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

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, 2001 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 / STREET ADDRESS / CITY-ST-ZIP	PTD KRAMERICH, GEORGE L. √11 N. CUMBERLAND STE. 602 CHICAGO, IL 606√6	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DEENENBERG, BYRON A. √11 N. CUMBERLAND STE 602 CHICAGO, IL 606√6	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS GRODSKY, IRL B. √11 N. CUMBERLAND STE 602 CHICAGO, IL 606√6	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GERAS, ROBERT T. 212√ VALLEY RD. NORTHBROOK, IL 60062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THORNE, OAKLEIGH 26√ E. DEERPATH RD 3RD FL. LAKE FOREST, IL 6004√	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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: Jack Calhoun 3/23/01 773-√94-37√0
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #