

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90006 014 ***550.00

0130916 AT

DOCUMENT # F99000006159

1. Entity Name
AURUM TECHNOLOGY INC.

Principal Place of Business
2701 W. PLANO PARKWAY
#600
PLANO TX 75075

Mailing Address
2701 W. PLANO PARKWAY
#600
PLANO TX 75075

AURUM



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **06-1150826**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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 \$550.00
After September 12, 2001 Fee 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 **D** Delete
NAME **GILL, DANIEL**
STREET ADDRESS **227 W. MONROE STREET SUITE 4300**
CITY-ST-ZIP **CHICAGO IL 60606**

TITLE **PCEO** Delete
NAME **MATURI, RAYMOND R**
STREET ADDRESS **2701 W. PLANO PARKWAY SUITE 6000**
CITY-ST-ZIP **PLANO TX 75075**

TITLE **D** Delete
NAME **WILLIS, JOHN**
STREET ADDRESS **227 W. MONROE STREET SUITE 4300**
CITY-ST-ZIP **CHICAGO IL 60606**

TITLE **D** Delete
NAME **RADEMACHER, HOLLIS**
STREET ADDRESS **55 W. MONROE STREET SUITE 2530**
CITY-ST-ZIP **CHICAGO IL 60603**

TITLE **D** Delete
NAME **STEANS, HARRISON**
STREET ADDRESS **405 NORTH WABASH AVENUE**
CITY-ST-ZIP **CHICAGO IL 60611**

TITLE **CFOT** Delete
NAME **SCAFF, SCOTT B**
STREET ADDRESS **2701 W. PLANO PARKWAY SUITE 600**
CITY-ST-ZIP **PLANO TX 75075**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
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TITLE Change Addition
NAME
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)(l), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/01

972-943-2657

Date

Daytime Phone #

CR2E034 (5/01)