

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000006870

**FILED**  
**Apr 30, 2014**  
**Secretary of State**  
**CC3767243577**

**Entity Name:** APPLIED SYSTEMS, INC. - ILLINOIS

**Current Principal Place of Business:**

200 APPLIED PARKWAY  
UNIVERSITY PARK, IL 60484

**Current Mailing Address:**

200 APPLIED PARKWAY  
UNIVERSITY PARK, IL 60484

**FEI Number:** 20-5511045

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name FRENCH, R. REID JR.  
Address 200 APPLIED PARKWAY  
City-State-Zip: UNIVERSITY PARK IL 60484

Title D  
Name MISHRA, ANUPAM  
Address 200 APPLIED PARKWAY  
City-State-Zip: UNIVERSITY PARK IL 60484

Title S  
Name LONG, ANDREW J  
Address 200 APPLIED PARKWAY  
City-State-Zip: UNIVERSITY PARK IL 60484

Title D  
Name TUNNELL, DAVID  
Address 200 APPLIED PARKWAY  
City-State-Zip: UNIVERSITY PARK IL 60484

Title CEO  
Name FRENCH, R. REID JR.  
Address 200 APPLIED PARKWAY  
City-State-Zip: UNIVERSITY PARK IL 60484

Title CFO  
Name MIKUCE, COLLEEN  
Address 200 APPLIED PARKWAY  
City-State-Zip: UNIVERSITY PARK IL 60484

Title DIRECTOR  
Name BARBER, PAUL  
Address 200 APPLIED PARKWAY  
City-State-Zip: UNIVERSITY PARK IL 60484

Title DIRECTOR  
Name HENSKE, ROBERT  
Address 200 APPLIED PARKWAY  
City-State-Zip: UNIVERSITY PARK IL 60484

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ANDREW J LONG**

**SECRETARY**

**04/30/2014**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           NARANG, SAMEER  
Address        200 APPLIED PARKWAY  
City-State-Zip: UNIVERSITY PARK IL 60484

Title           DIRECTOR  
Name           VAKIL, SUKEN  
Address        200 APPLIED PARKWAY  
City-State-Zip: UNIVERSITY PARK IL 60484