## **2001 UNIFORM BUSINESS REPORT (UBR) FILED** Apr 27, 2001 8:00 am Secretary of State **DOCUMENT #352191** 1. Entity Name SANLANDO UTILITIES CORP 4-27-2001 90268 034 \*\*\*150.00 Principal Place of Business Mailing Address 2335 SANDERS RD 200 WEATHERSFIELD AVE ALTAMONTE SPRINGS FL 32714 NORTHBROOK IL 60062 . . . . . . . . . . . 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1293054 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 PINE ISLAND RD. PLANTATION FL 33324 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition CE<sub>0</sub> TITLE ☐ Delete TITLE CAMAREN, JAMES NAME NAME STREET ADDRESS 2335 SANDERS RD. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP NORTHBROOK IL 60062 ☐ Addition ☐ Change ٧S TITLE ☐ Delete TITLE NAME DOPUCH, ANDREW NAME STREET ADDRESS 2335 SANDERS RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTHBROOK IL 60062 Change Addition TITLE ☐ Delete TITLE NAME NAME

SCHUMACHER, LAWRENCE STREET ADDRESS 2335 SANDERS RD. STREET ADDRESS , , CITY-ST-ZIP NORTHBROOK IL 60062 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE WENZ, CARL NAME NAME STREET ADDRESS STREET ADDRESS 2335 SANDERS RD CITY-ST-ZIP CITY-ST-ZIP NORTHBROOK IL 60062 ☐ Change TITLE ☐ Delete TITLE Carter, David NAME NAME 2335 Sanders Road STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Northbrook, IL 60062 Change **Addition** TITLE ☐ Delete TITLE RASMUSSEN, DONALD AVENUE NAME NAME STREET ADDRESS STREET ADDRESS ALTAMONTE SPRINGS, FL

13. I hereby certify that the information supplied with this filling 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 expowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

847-498-6440 Daytime Phone #