

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2002 8:00 am**  
**Secretary of State**

07-17-2002 90141 003 \*\*\*550.00

**DOCUMENT # 642543**

1. Entity Name

**NAN-DAN CORP.**

Principal Place of Business

1771 WEST DIEHL ROAD  
 210  
 NAPERVILLE IL 60563

Mailing Address

ONE RAVINIA DRIVE, STE. 1500  
 ATLANTA GA 30346

2. Principal Place of Business

**One Ravinia Drive**

3. Mailing Address

Suite, Apt. #, etc.

Suite 1500

City & State

**Atlanta, GA**

City & State

Zip

**30346**

Country

**USA**

Zip

Country

4. FEI Number

**59-1936462**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND RD.  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 13, 2002 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

TITLE **D** ☒ Delete  
 NAME **WHITTLE, SUSAN THOMAS**  
 STREET ADDRESS **ONE RAVINIA DRIVE, STE. 1500**  
 CITY-ST-ZIP **ATLANTA GA 30346**

TITLE **VP** ☐ Delete  
 NAME **NOTERMANN, JOHN**  
 STREET ADDRESS **ONE RAVINIA DRIVE, STE. 1500**  
 CITY-ST-ZIP **ATLANTA GA 30346**

TITLE **DPT** ☐ Delete  
 NAME **GENTRY, BOYD P**  
 STREET ADDRESS **ONE RAVINIA DRIVE, STE. 1500**  
 CITY-ST-ZIP **ATLANTA GA 30346**

TITLE **VPS** ☐ Delete  
 NAME **MIELE, STEFANO M**  
 STREET ADDRESS **ONE RAVINIA DRIVE, STE. 1500**  
 CITY-ST-ZIP **ATLANTA GA 30346**

TITLE **VPS** ☒ Delete  
 NAME **MOLLET, CHRIS J**  
 STREET ADDRESS **1771 WEST DIEHL ROAD, SUITE 210**  
 CITY-ST-ZIP **NAPERVILLE IL 60563**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP AS** ☐ Change ☒ Addition  
 NAME **Darrell D. Zurovec**  
 STREET ADDRESS **One Ravinia Dr., Ste. 1500**  
 CITY-ST-ZIP **Atlanta, GA 30346**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **Director and Secretary** ☒ Change ☐ Addition  
 NAME **Stefano M. Miele**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP AT** ☐ Change ☒ Addition  
 NAME **William C. Straub**  
 STREET ADDRESS **One Ravinia Dr., Ste. 1500**  
 CITY-ST-ZIP **Atlanta, GA 30346**

TITLE **AS** ☐ Change ☒ Addition  
 NAME **Wynn G. Sims**  
 STREET ADDRESS **One Ravinia Dr., Ste. 1500**  
 CITY-ST-ZIP **Atlanta, GA 30346**

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:** Wynn G. Sims, Asst. Sec.  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/02  
 Date

678-443-6775  
 Daytime Phone #