

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 12, 2001 08:00 AM
Secretary of State

DOCUMENT # 651839

1. Entity Name
X-RAY MARKETING ASSOCIATES, INC.

Principal Place of Business
1205 LAKEVIEW CT
ROMEDEVILLE IL 604466500 US

Mailing Address
1205 LAKEVIEW CT
ROMEDEVILLE IL 604466500 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number
36-3085953

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

7. Name and Address of New Registered Agent

KNOWLES ROBERT
4000 ROYAL MARCO WAY, APT 922

MARCO ISLAND FL
34145 US

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 _____ DATE 03/12/2001

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 \$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 D ☐ Delete
NAME KNOWLES ROBERT
STREET ADDRESS 400 ROYAL MARCO WAY, APT 922
CITY-ST-ZIP MARCO ISLAND FL 34145

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

TITLE D ☐ Delete
NAME HODGES JAMES
STREET ADDRESS 1705 S. 5TH STREET
CITY-ST-ZIP LOUISVILLE KY 40208

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

TITLE VP ☐ Delete
NAME JOHNSON JAMES
STREET ADDRESS 2928 SIDCO DRIVE
CITY-ST-ZIP NASHVILLE TN

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

TITLE T ☐ Delete
NAME WILLS R. W
STREET ADDRESS 2101 WASHINGTON BLVD.
CITY-ST-ZIP BALTIMORE MD

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

TITLE P ☐ Delete
NAME ALVAREZ TONY
STREET ADDRESS 414 CULEBRA RD.
CITY-ST-ZIP SAN ANTONIO TX

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

TITLE S ☐ Delete
NAME SEEGER SANDIE
STREET ADDRESS 961 INDUSTRY RD.
CITY-ST-ZIP KENNER LA

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)(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: SANDIE SEEGER

S

03/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)