


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

*AMENDED*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 SEP 17 AM 8:00

DOCUMENT # 729014  
1. Entity Name  
**THE ETA IOTA HOUSE CORPORATION OF THE SIGMA CHI INTERNATIONAL FRATERNITY, INC.**



Principal Place of Business  
2316 VINE ST., #167  
DALLAS, TX 75204

Mailing Address  
2816 VINE ST  
APT 167  
DALLAS, TX 75204 US

200023277302  
09/23/03--01037--005 \*\*\*10.00

2. Principal Place of Business  
816 West Waveland Ave

3. Mailing Address  
← SAME



Suite, Apt. #, etc.  
# 20

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES *MRS*

City & State  
CHICAGO, IL

City & State

4. FEI Number  
81-0593541  
~~59-1925025~~

Applied For  
Not Applicable

Zip  
60613

Country  
USA

Zip

Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
FRASER, DAVE  
392 MUDDY CREEK LANE  
GIRMOND BEACH, FL 32174

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

I, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

**FILE NOW - FEES \$61.25  
Initial or Amended UBR**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PRES BANTA, JOHN 2816 VINE ST #167 DALLAS, TX 75204	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP LOJKO, JOHN B 211 ISLAND CREEK LANE SAVANNAH, GA 31410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T GEHAAN, MICHAEL 26 WILLIAMS ST. MARLBORO, MA 00782	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S EDMONDSON, CHRIS 457 GOLDEN ISLES DR. #108 HALLANDALE, FL 33009	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D CORNWELL, NICHOLAS 3449 AMROTH DR COLLIERVILLE, TN 38017	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D AGUILAR, REESE 10605 MCCOMAS CT. KENSINGTON, MD 28096	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PRES JOHN BANTA 816 W. WAVELAND AVE. CHICAGO, IL 60613	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TRES MICHAEL GEHMAN 17 BUCKY DR BELLINGHAM, MA 02019	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

2. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* TREASURER 9/12/03 508 883 2673

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Case Daytime Phone #

CFR2E037 (10/02)