FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Sep 16, 2002 8:00 am Secretary of State

DOCUMENT # 800676					Secretary of State 09-16-2002 90102 044 ***550.00	
TV	ie Quaker Oaz	ts compa	fr			
	DO NOT WRITE					
2. Principal Place of Business 3. Mailing Address %]	
321 b. Clark Street 700 Anderson Suite, Apt. #, etc. Suite, Apt. #, etc. Tax Dept. 1/2			3 HAIL R	<u>d</u> .	DO NOT WRITE IN THIS	CDACE
			13	8	55 ROT WITE IN THIS STROE	
City & Sta		City & State	1		4. FEI Number	Applied For
<u> Chicaa</u>		Purchase, 1	1 1		36-1653315	Not Applicable
2ip	-9001 USA	10577	Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
GUUUT	7001	1001	1		7. Name and Address of Current Register	·
			Na	me C	0.0.01	· ·
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	IN THIS SP			1800	5. Pine Island	Rad
ناخ -	, IN THIS SP	AUL				· ·
7			Cit	Dia	Indian F	Zip Code 333394
8 The above	e named entity submits this statement for	the ournose of changing it	s registered offi	ce or register	PUTTON)	-122394
Tax filing	Signature, typed or printed name of registered agent at portation is eligible to satisfy its Intangible requirement and elects to do so.	January 1 - After May	May 1: Fee is ////////////////////////////////////	\$150.00 0.00 .25	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11.	OFFICERS AND D	DIRECTORS	ะหลัง)4', 2" <u>.</u>	The same of the sa	Project March
TITLE NAME	Director +ceo Robert S. Marrison 381 Di Clark ST.	•	TITLE		A STATE OF THE STA	
STREET ADDRESS			STREET ADD	ESS		
CITY-ST-ZIP	Chicago, IL 6061	0	CITY-ST-ZIP			
TITLE	Director Russel young_		TITLE			
NAME STREET ADDRESS	321 W. Clark ST.		NAME STREET ADDR	FSS		
CITY-ST-ZIP	chicago, IL 60610		CITY STEZIP			A STATE OF THE STA
TITLE	Director IAD + secretar	FY .	TITLE			, v
NAME	Thomas Ryan		NAME	- *		
STREET ADDRESS- CITY-ST-ZIP	321.0. clark 57 chicago, FL 60610		STPEET ADDR	17	DO NOT WR	TF
	VP.				*	
TITLE NAME	trimital w Heavisid	<u>ję</u>	TITLE 3		IN THIS SPA	CE
STREET ADDRESS	700 Anderson Hill &	· d .	STREET ADDR	ESS	1.4	
CITY-ST-ZIP	Durchase, NY 10577				the state of the s	
TITLE			CITY- ST- ZIP		***	
NAME	40		TITLE			
STREET ADDRESS	40		TITLE NAME			3
	Michael T. welch 700 Anderson Hill D		TITLE NAME STREET ADDR	- I		
CITY-ST-ZIP.	Michael T. welch 700 Anderson Hill B Durchase Ly 1057 18+Treasorer		NAME STREET ADDR CITY- ST- ZIP	- I		
	Michael T. welch 700 Anderson Hill B Durchase, by 1057 VP + Treasorer Tectres Hummel		TITLE NAME STREET ADDR			
CITY-ST-ZIP.	Michael T. welch 700 Anderson Hill B Durchase Ly 1057 18+Treasorer	^ ≥a.	TITLE NAME STREET ADDR CITY- ST- ZIP			

13. Thereby 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)