

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

FILED
Jul 09, 2002 8:00 am
Secretary of State

05-27-2002 90395 025 ***150.00

DOCUMENT # 812712
1. Entity Name
AUTONETICS, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 100 N. RIVERSIDE Suite, Apt. #, etc. MC 5003-4551 City & State CHICAGO, IL Zip 60606 Country USA		3. Mailing Address 100 N. RIVERSIDE Suite, Apt. #, etc. MC 5003-4551 City & State CHICAGO, IL Zip 60606 Country USA	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 95-2417477	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name CORPORATION SERVICE COMPANY	
Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET	
City TALLAHASSEE	FL Zip Code 32301

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 _____

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$81.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP		PLEASE SEE ATTACHED		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Sarah N. Garvey* Sarah N. Garvey 4/30/02 312-544-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

~~Attachment~~

Directors / Officers Report

Autonetics, Inc.

Directors

R. Paul Kinscherff
Laurette T. Koellner
James Herman Zrust

Director
Director
Director

Effective
03/01/2000
03/26/1999
03/01/2000

Officers

James Herman Zrust
James Clarence Johnson
R. Paul Kinscherff
Kathryn A. Brown
Marcie N. Lombardi
Lorrie D. Scott
Richard C. Seamans
Gary A. Geiken

President
Secretary
Treasurer
Assistant Secretary
Assistant Secretary
Assistant Secretary
Assistant Secretary
Asst. Secretary & Asst. Treasurer

Effective
03/01/2000
09/01/1998
07/03/2000
09/01/1998
07/05/1999
09/01/1997
09/01/1998
07/03/2000

~~Attachment~~

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