

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am  
Secretary of State

04-23-2001 90038 040 \*\*\*150.00

DOCUMENT # 829738

1. Entity Name\*

L.H. NELSON CORPORATION

Principal Place of Business

Mailing Address

ONE SPRINKLER LANE  
PEORIA IL 61615  
US

ONE SPRINKLER LANE  
PEORIA IL 61615  
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 04-2498923

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
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.

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 \$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 RISK, FRED J  
STREET ADDRESS 2373 GULF SHORE BLVD N  
CITY-ST-ZIP NAPLES FL

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

TITLE DS ☐ Delete  
NAME BIKALES, NORMAN  
STREET ADDRESS ONE POST OFFICE SQUARE  
CITY-ST-ZIP BOSTON MA

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 226 OLD COUNTRY RD.  
CITY-ST-ZIP LINCOLN, MA 01773

TITLE D ☐ Delete  
NAME FICHTHORN, LUKE  
STREET ADDRESS 514 HOLLOW TREE RD  
CITY-ST-ZIP DARIEN CT

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2453 ALAQUA DRIVE  
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE D ☐ Delete  
NAME MACLEAN, BARRY  
STREET ADDRESS 1000 ALLANSON RD  
CITY-ST-ZIP MUNDELEIN IL

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

TITLE CDT ☐ Delete  
NAME RANSBURG, DAVID P  
STREET ADDRESS 509 E HIGH POINT RD  
CITY-ST-ZIP PEORIA IL

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

TITLE VPAF ☐ Delete  
NAME BUSAM, RAYMOND J  
STREET ADDRESS 1 SPRINKLER LANE  
CITY-ST-ZIP PEORIA IL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)