2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** 833510 1. Entity Name H.G.L. CORPORATION, OF ILLINOIS'

FILED Apr 25, 2002 8:00 am Secretary of State 04-25-2002 90013 029 ***150.00

Principal Place of Business			Mailing Address										
3808 GLEN OAKS MANOR SARASOTA FL 34232 US			3808 GLEN OAKS MANOR DRIVE SARASOTA FL 34232 US				 		 	tii bib ii i		å 18 (1. 8 /18/18 18.0).	
2. Principal	Place of Busin	ness	3. Mailing Address										
Suite, Ap	ot. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
- City & St	ate	مستجير ومريستها والإحد	City & State			··c=	4. FEI Number 36-6111203 Applied For Not Applicable						
Zip Country			Zip Country				5. Certificate of Status Desired \$8.75 Additional Fee Required						
	6. Name	and Address of Current R			7	Name and	Address of N	low Boaleton			eu		
					Name		ivanile and	Address of N	ew negister	ad Age	nt		
LOWE, RICHARD M.													
		NOD DD	Street Address			Address (P.O. I	(P.O. Box Number is Not Acceptable)						
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SARASO1	TA FL 34232							·	16			,	
					City	-							
	-				City					:L	Zip Cod	de	
8. The above	e named entity	submits this statement for t	he purpose of changing its	registere	ed office o	or registered as	aget or beth	in the Ctot-	-6 FI:				
			, , , , , , , , , , , , , , , , , , , ,	49,010.0	, , , , , , , , , , , , , , , , , , , ,	or registered ag	gent, or bott	i, iii tile state	oi Fiorida.				
CIONIATURE													
SIGNATURE	Signature, typed	or printed name of registered agent and	title if applicable. (NOTE:	Registerer	1 Agent cign	ature required when re	-1						
	<u>u</u>		(1072	riogisterec	Agent signs	alure required when re	einstating)		DAT	Ē			
9. This corp	oration is eligi	ble to satisfy its Intangible	FILE NOW!!! FEE IS \$150.00_			.00_		-					
		nd elects to do so.	After May 1, 2002 Fee will be \$550			550.00	10. Elec	tion Campaig	n Financing	_	\$5.0	00 May Be	
(See crite	eria on back)		Make Check Payabl	e to De	partme	nt of State	Trus	t Fund Contrib	oution.	Ш	Added	d to Fees	
11.		OFFICERS AND D		12.	· · · · · · · · · · · · · · · · · · ·		DITIONS /	PUANCES TO	OFFICERO A	NO DIE			
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NAME	LOWE, GLO	RIA	□ Delete	NAME							Change	Addition	
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CITY-ST-ZIP	SARASOTA				ST-ZIP								
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NAME	LOWE, RICI			NAME		ŀ						(
STREET ADDRESS CITY-ST-ZIP	3808 GLEN	OAKS MANOR DR		_	TADDRESS	ļ <u></u>							
****	SARASOTA	FL 34232		CITY-	ST-ZIP		- -		international districts of the	'టే సౌ	* •		
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NAME	LOWE, DER			NAME						_	- nango		
	1405 BEDF			STREE	F ADDRESS							ſ	
CITY-ST-ZIP	<u> Hoffman i</u>	ESTATES IL 60195		CITY-9	ST-ZIP	1							
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STREET ADDRESS	217 MARTIN				ADDRESS	1						1	
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	5045 SAPPI				ADDRESS	i							
CITY-ST-ZIP		LLE FL 32205		CITY-S					•				
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NAME STREET ADDRESS	LOWE, DAR			NAME		3012	576	ove,		1	_		
	P.O. BOX 18		· •		ADDRESS	3012 QARY	1 1	LiNOIS	l			1	
CITY-ST-ZIP FOX RIVER GROVE IL 60021 13. I hereby certify that the information supplied with this filing does not qualify for the					I-ZIP				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	ノスト	1		
13. hereby o	certify that the	information supplied with thi	s filing does not qualify for th	e exem	otion state	ed in Section 1:	19 07(3\/i)	Florida Statuto	s I further ==				

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 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

941-957-3228