

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 836811

1. Entity Name

NORTH AMERICAN TRAILING COMPANY

Principal Place of Business

2122 YORK ROAD
OAK BROOK IL 60521

Mailing Address

2122 YORK ROAD
OAK BROOK IL 60521

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

36-2812327

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE PD
NAME MACKIE, DOUGLAS B.
STREET ADDRESS 2122 YORK RD
CITY-ST-ZIP OAK BROOK IL ☐ Delete

TITLE VD
NAME WENSEL, DEBORAH A
STREET ADDRESS 2122 YORK RD
CITY-ST-ZIP OAK BROOK IL 60523 ☐ Delete

TITLE VD
NAME PAGENDARM, WILLIAM F.
STREET ADDRESS 2122 YORK RD
CITY-ST-ZIP OAK BROOK IL ☐ Delete

TITLE VD
NAME VAN ROODEN, R J
STREET ADDRESS UTRECHTSEWEG 62
CITY-ST-ZIP 3704 HE ZIEST NETHERLANDS ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

Deborah A. Wensel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEBORAH A. WENSEL

7/11/01

(630) 574-2949

FILED
Jul 17, 2001 8:00 am
Secretary of State

07-17-2001 90093 001 ***550.00

RUU10630



DO NOT WRITE IN THIS SPACE

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