	_			
07-23-2002	90339	050	***550	.00

2002 UNIFUI	KM POSINESS	REPURI	(UB
DOCUMENT #	844136		

1. Entity Name

DEVRO, INC.

Principal Place of Business

1011 WARRENVILLE RD

STE 255 LISLE IL 60532 Mailing Address

1011 WARRENVILLE RD

STE 255

LISLE IL 60532



2. Principal P	Route Box 159	P.O. BOX	11925					
Suite, Apt.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Stat		City & State				1 14-	policed For	
	NSEA S.C.	City & State	4 S.C	4. 1	FEI Number 36-2704043	 	plied For at Applicable	
Zip 2914	Country	^{Zip} 29211	Country		Certificate of Status Desired	\$8.75 Add	litional	
	6. Name and Address of Current F	legistered Agent		7. 1	Name and Address of New Regist	ered Agent		
TUE 005			Name					
	NTICE-HALL CORPORATION SYSTE	M, INC	Street A	Street Address (P.O. Box Number is Not Acceptable)				
	'S STREET				· · ·			
SUITE .10								
TALLAHA	TALLAHASSEE FL 32301					FL Zip Code	Э	
	named entity submits this statement for	the purpose of changing its	registered office or	registered ag	ent, or both, in the State of Florida.	l am familiar with,	and accept	
the obligat	tions of registered agent.							
SIGNATURÉ .								
·-	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE	: Registered Agent signati	ure required when re	einstating)	DATE		
9. This corpo	oration is eligible to satisfy its Intangible	FILE NOW!!	! FEE IS \$550.	00	10 Floation Communicat Financia	- 05.0		
	requirement and elects to do so.	After September 13,			 10. Election Campaign Financin Trust Fund Contribution. 	· _ ••••	0 May Be to Fees	
(See crite	ria on back)	Make Check Payab	le to Departmen	t of State	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_ /10000		
11.	OFFICERS AND D		12.		DITIONS/CHANGES TO OFFICER	S AND DIRECTORS	3 IN 11	
TITLE	P	🔀 Delete	TITLE	PRESID		🔀 Change	☐ Addition	
NAME	MÜRPHY, P J		NAME		e, Gordon			
STREET ADDRESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		STREET ADDRESS		ox 11925			
CITY-ST-ZIP	LISLE IL 60532		CITY-ST-ZIP		1314, S.C. 29216			
TITLE	VP	🔀 Delete	TITLE		NANCE DIBECTOR	💢 Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS		o, DAVID		}	
CITY-ST-ZIP	1.1.		CITY-ST-ZIP		50x 11925			
TITLE	T COOL IL GOODE	NVI Delete	-	Cocc	LMBIA, S.C. 2921	☐ Change	Addition	
NAME	UPTON, G.C	Delete	TITLE NAME			□ change	☐ Vooiiion	
STREET ADDRESS	·		STREET ADDRESS					
CITY-ST-ZIP	LISLE IL 60532		CITY-ST-ZIP					
TITLE	VP	⋈ Delete	TITLE	,		☐ Change	Addition	
NAME	HANNIGAN, J.M	•	NAME					
STREET ADDRESS	1011 WARRENVILLE RD. SUITE 25	55	STREET ADDRESS					
CITY-ST-ZIP	LISLE IL 60532		CITY-ST-ZIP					
TITLE							☐ Addition	
11100	VP	Delete	TITLE			Change	L. Audition	
NAME	BYERS, A.D.		NAME			☐ Change		
NAME STREET ADDRESS	BYERS, A.D 1011 WARRENVILLE RD., SUITE 2		NAME STREET ADDRESS			☐ Change	Audilion	
NAME STREET ADDRESS CITY-ST-ZIP	BYERS, A.D.	55	NAME					
NAME STREET ADDRESS CITY-ST-ZIP TITLE	BYERS, A.D 1011 WARRENVILLE RD., SUITE 2		NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	BYERS, A.D 1011 WARRENVILLE RD., SUITE 2	55	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:

803 \ 796-9730