

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90636 013 \*\*\*150.00

**DOCUMENT # 848007**

1. Entity Name  
**RYCOLINE PRODUCTS, INC.**



Principal Place of Business  
**5540 NORTHWEST HIGHWAY  
CHICAGO IL 60630-1116**

Mailing Address  
**5540 NORTHWEST HIGHWAY  
CHICAGO IL 60630-1116**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>36-3102238</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>PALMER, CHARLES L. 312 SW 17TH ST STE 300 FORT LAUDERDALE FL 33302</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		Zip Code <b>FL</b>	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	TD	TITLE	
NAME	PALMER, CHARLES	NAME	
STREET ADDRESS	312 SW 17TH ST STE 300	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33302	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	DRESSLER, SHARON	NAME	
STREET ADDRESS	312 17TH STREET SUITE 300	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33302	CITY-ST-ZIP	
TITLE	AS	TITLE	
NAME	DIDOMENICO, VICTORIA	NAME	
STREET ADDRESS	3608 N FALCON CT	STREET ADDRESS	
CITY-ST-ZIP	ROLLING MEADOWS CHICAGO IL	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	ANDERSON, GARY A.	NAME	
STREET ADDRESS	1124 WIND ENERGY PASS	STREET ADDRESS	
CITY-ST-ZIP	BATAVIA IL	CITY-ST-ZIP	
TITLE	PD	TITLE	
NAME	NICHOL, NORMAN	NAME	
STREET ADDRESS	1021 DOVER COURT	STREET ADDRESS	
CITY-ST-ZIP	LIBERTYVILLE FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REGISTERED ANDERSON 03/19/03 773/467-2320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)