

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90078 024 ***150.00

DOCUMENT # 848446

1. Entity Name

DMG-MAXIMUS, INC.

Principal Place of Business

Mailing Address

~~630 DUNDEE RD.~~ **60 Revere DR.**
 SUITE 200
 NORTHBROOK IL 60062
 US

~~630 DUNDEE RD.~~ **60 Revere DR.**
 SUITE 200
 NORTHBROOK IL 60062
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

60 Revere DR. Ste 200

Suite, Apt. #, etc.

60 Revere DR. Ste 200

City & State

City & State

4. FEI Number

36-2897743

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST
SUITE 105
TALLAHASSEE FL 32301

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	AS	<input checked="" type="checkbox"/> Delete
NAME	WOLF, JERROLD	
STREET ADDRESS	630 DUNDEE RD., STE. 200	
CITY-ST-ZIP	NORTHBROOK IL	
TITLE	T	<input type="checkbox"/> Delete
NAME	RUDDY, RAYMOND B	
STREET ADDRESS	1356 BEVERLY ROAD	
CITY-ST-ZIP	MCLEAN VA 22101	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	CHAPPUË, LOUIS, E	
STREET ADDRESS	630 DUNDEE RD., STE. 200	
CITY-ST-ZIP	NORTHBROOK IL	
TITLE	S	<input type="checkbox"/> Delete
NAME	FALLON, LYNETTE C	
STREET ADDRESS	PALMER & DODGE LLP, ONE BEACON ST.	
CITY-ST-ZIP	BOSTON MA 02108	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BLASCHKO, DIANE	
STREET ADDRESS	630 DUNDEE RD., STE. 200	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BRADY, RICHARD	
STREET ADDRESS	630 DUNDEE RD., STE. 200	
CITY-ST-ZIP	NORTHBROOK IL 60062	

TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Janet Wolf	
STREET ADDRESS	60 Revere Rd. Ste 200	
CITY-ST-ZIP	Northbrook, IL 60062	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Taggart	
STREET ADDRESS	60 Revere DR. Ste 200	
CITY-ST-ZIP	Northbrook, IL 60062	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK Berauer	
STREET ADDRESS	60 Revere DR. Ste 200	
CITY-ST-ZIP	Northbrook, IL 60062	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	60 Revere DR. Ste 200	
CITY-ST-ZIP	Northbrook, IL 60062	

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

Frank Berauer

4/24/01

Date

847-564-9270

Daytime Phone #

CR2E034 (10/00)