

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.

Suite, Apt. #, etc.

60 Revere DR. Ste 200

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

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. ☐

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**
NAME ~~WOLF, JERROLD~~
STREET ADDRESS **630 DUNDEE RD., STE. 200**
CITY-ST-ZIP **NORTHBROOK IL**

☒ Delete

TITLE **AS**
NAME **Janet Wolf**
STREET ADDRESS **60 Revere Rd. Ste 200**
CITY-ST-ZIP **Northbrook, IL 60062**

☐ Change ☒ Addition

TITLE **T**
NAME **RUDDY, RAYMOND B**
STREET ADDRESS **1356 BEVERLY ROAD**
CITY-ST-ZIP **MCLEAN VA 22101**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **DP**
NAME **CHAPPUIE, LOUIS, E**
STREET ADDRESS **630 DUNDEE RD., STE. 200**
CITY-ST-ZIP **NORTHBROOK IL**

☒ Delete

TITLE **PRESIDENT**
NAME **Robert Taggart**
STREET ADDRESS **60 Revere DR. Ste 200**
CITY-ST-ZIP **Northbrook, IL 60062**

☐ Change ☒ Addition

TITLE **S**
NAME **FALLON, LYNNETTE C**
STREET ADDRESS **PALMER & DODGE LLP, ONE BEACON ST.**
CITY-ST-ZIP **BOSTON MA 02108**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **VP**
NAME ~~BLASCHKO, DIANE~~
STREET ADDRESS ~~630 DUNDEE RD., STE. 200~~
CITY-ST-ZIP ~~NORTHBROOK IL 60062~~

☒ Delete

TITLE **VP**
NAME **FRANK Berauer**
STREET ADDRESS **60 Revere DR. Ste 200**
CITY-ST-ZIP **Northbrook, IL 60062**

☐ Change ☒ Addition

TITLE **VP**
NAME **BRADY, RICHARD**
STREET ADDRESS **630 DUNDEE RD., STE. 200**
CITY-ST-ZIP **NORTHBROOK IL 60062**

☐ Delete

TITLE
NAME
STREET ADDRESS **60 Revere DR. Ste 200**
CITY-ST-ZIP **Northbrook, IL 60062**

☒ 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:

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)