## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 16, 2002 8:00 am Secretary of State

				(		Scarci	iaiy vi	State
DOCL  1. Entity N	JMENT # 851487						02 90047 006	
	ORLANDO JR. & CON	ATO TO LARVE	. `		ŀ			
11011111	ONLANDO DR. & COM	APAN Y						
Г	OO NOT WRIT	E IN TH	16 6D	ACE	-			
	-	P 114 1111	IJ JF	ACE			+	
2. Principa	Place of Business	3. Mailing	Address					
570 LAN	KE COOK ROAD		KE COOK	ROAD				
Suite, Apt. #, etc.         Suite, Apt. #, etc.           SUITE 300         SUITE 300			pt. #, etc.			DO NOT WRIT	E IN THIS SPACE	
City & State City & State						A EEI Number		
DEERFIE Zip		DEERFIE	ELD IL			36-2999939	<u> </u>	Applied For Not Applicable
60015	Country USA	Zip   60015		Country		5. Certificate of Status Desired	□ \$8.75	Additional
		100013		USA			Fee Re	quired
	•			Name	,	Name and Address of Current	Registered Agen	<u> </u>
	DO NOT	WRITE		NRA: Street	Address (P	O. Box Number is Not Acceptate		
	IN THIS S	SDACE		526	E PAR	K AVENUE	ore)	
	114 11110	PACE						
		*		City	DURGOR		Zip C	
8. The above	e named entity submits this stat	ement for the purpos	se of changin	ig its registered of	AHASSE	E Stered agent or both in the Stat	FL 323	01
				• •		stored agent, or both, in the SIA	e or Florida.	
SIGNATURE	Signature, typed or printed name of	registered agent and til	tle if applicable	/NOTE: Day	-1-4			
9. This core				May 1 Fee is \$15	istered Agent	signature required when reinstating	DATE	
Tax filing requirement and elects to do so. After May				1, Fee is \$550.00 d UBR is \$61.25		10. Election Campaign Fir	nancing \$	5.00 May Be
<del></del>	ria on back)	Make C	Check Payab	d OBR is \$61.25 ite to Departme	nt of State	Trust Fund Contributio		dded to Fees
1 TLE		ND DIRECTORS						
ME	C/CEO/D PYE, IAN			TITLE				
REET ADDRESS		AD. SHITE	300	NAME STREET ADDRESS	.1			
TY - ST - ZIP	DEERFIELD, IL 60	0015	300	CITY - ST - ZIP	`			}
n.e	P/D			TITLE				<u>-</u>
ME REET ADDRESS	IHLENFELD, BRADL	EY		NAME		*		
Y-ST-ZIP	570 LAKE COOK RO DEERFIELD, IL 60	AD, SUITE .	300	STREET ADDRESS CITY - ST - ZIP	i			
LE	SV/CFO/T/D	<u> </u>		TITLE	<b> </b>			
ME	BRANNAN, MICHAEL			NAME				1
REET ADORESS   Y - ST - ZIP	570 LAKE COOK RO	AD, SUITE	300	STREET ADDRESS		DO NOT 14	//DITE	ł
£	DEERFIELD, IL 60 S	012		CITY - ST - Z/P		DO NOT V		
	BLOCK, BRADFORD			TITLE NAME		IN THIS S	PACE	
EET ADORESS	790 ESTATE DRIVE	, SUITE 180	)	STREET ADDRESS				
	DEERFIELD, IL 60	015		CITY - ST - ZIP				
	PEPIN, DENIS A			TITLE NAME	•	· · · · · · · · · · · · · · · · · · ·		
EET ADDRESS	570 LAKE COOK ROA	AD, SUITE 3	300	STREET ADDRESS		·		
- ST - ZIP	DEERFIELD, IL 600	015		CITY - ST - ZIP				
E E				TITLE	<del></del>			
ET ADDRESS			ł	NAME STREET ADDRESS				
- ST - ZIP				CITY_ST 7ID				
I hereby cert	tify that the information supplied indicated on this report or supple	with this filing does	not qualify for	the exemption s	stated in Sec	tion 119.07(3)(i), Florida Statute	s. I further continue	hat the
an officer or	director of the corporation or the	receiver or tructoo	omanuar d	to and that my si	gnature shal	have the same legal effect as i	f made under oath	that I am
		h an address, with al	Il other like e	mpowered.			itutes; and that my	name
GNATU		<u>ノ_</u>	PR	ESIDENT		4/30/02	/0/7\ 040	1200
	SIGNATURE AND TYPED O	R PRINTED NAME OF	SIGNING OF	ICER OR DIRECT	OR	Date	(847) 940 Daytime Phone #	-1200