

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90105 040 ***150.00

DOCUMENT # 856649

1. Corporation Name

NTW INCORPORATED OF VIRGINIA

Principal Place of Business

3333 BEVERLY RD
HOFFMAN ESTATES IL 60179
US

Mailing Address

3333 BEVERLY RD
HOFFMAN ESTATES IL 60179
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/03/1983

4. FEI Number

54-0926506

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 3333 Beverly Rd.

22 City & State

27 Suite, Apt. #, etc.

27 768TAX, B5-220B/B

23 Zip

Country

28 City & State

28 Hoffman Estates, IL

24 Zip

25 Country

29 Zip

60179

30 Country

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T ☐ DELETE

TITILE
NAME
STREET ADDRESS
CITY-ST-ZIP
MELANCON, PAUL
3333 BEVERLY RD
HOFFMAN ESTATES IL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
V/D
EARNETT, RICHARD
☒ Change ☐ Addition

PD ☐ DELETE

TITILE
NAME
STREET ADDRESS
CITY-ST-ZIP
PAFFICO, PAUL
3333 BEVERLY RD
HOFFMAN ESTATES IL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
V/D
CONNOR, JEFFREY
☒ Change ☐ Addition

VD ☐ DELETE

TITILE
NAME
STREET ADDRESS
CITY-ST-ZIP
SEXTON, BRIAN
3333 BEVERLY RD
HOFFMAN ESTATES IL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
V
☒ Change ☐ Addition

V ☐ DELETE

TITILE
NAME
STREET ADDRESS
CITY-ST-ZIP
NANNEY, JAMES J.
3333 BEVERLY RD
HOFFMAN ESTATES IL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
AT
ERADBURN, JOHN
☒ Change ☐ Addition

S ☐ DELETE

TITILE
NAME
STREET ADDRESS
CITY-ST-ZIP
MCJOHN, KATHLEEN
3333 BEVERLY RD
HOFFMAN ESTATES IL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
AS
BERGHEL, VICTORIA
☒ Change ☐ Addition

☐ DELETE

TITILE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

VICTORIA S. BERGHEL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99
Date

847-286-7212
Daytime Phone #

CR2E034 (1/98)