

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B02000000407

1. Entity Name

NES TRAFFIC SAFETY, L.P.



FILED

03 MAR 19 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3100 NW 7th Avenue

3. Mailing Address
1603 Orrington Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.
1600

DUE BY MAY 1

City & State
Miami, FL

City & State
Evanston, IL

4. FEI Number
74-2985312

Applied For
Not Applicable

Zip Country
33127 Qade

Zip Country
60201 600

5. Certificate of Status Desired **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
MRAI Services, Inc.

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

526 East Park Avenue

City State Zip Code
Tallahassee FL 32301

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 *Michael Donovan*

DATE *3/11/03*

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

DATE

9. Capital Contributions as Shown on record. *1,000*

10. Amount of Capital Contributions in FLORIDA to date. *1,000*

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # *F0200000012*
NAME *1603 Orrington Avenue*
STREET ADDRESS *Evanston, IL 60201*
CITY-ST-ZIP *NES Indiana Partners, Inc.*

STREET ADDRESS

CITY-ST-ZIP

200013343982

*03/03/03--01000--002 **141.25*

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]*

DATE *3/12/03*

DAYTIME PHONE # *847-424-2549*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DATE

DAYTIME PHONE #

CFR2E003B (12/02)

SIAPLE CHECK HERE