

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000000813

1. Entity Name

NETWORK ELECTRIC INC.

Principal Place of Business

14032 SO. KOSTNER AVE., STE. B
CRESTWOOD IL 60445

Mailing Address

14032 SO. KOSTNER AVE., STE. B
CRESTWOOD IL 60445

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PENNINGTON, JOSEPH II
4344 RIVERSIDE PARK ROAD
ORLANDO FL 32810

Name

NRAI Services, Inc.

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

526 East Park Ave.

Tallahassee, FL. 32301

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.

NRAI Services, Inc.

Juanita Mahoney, Ass't Secretary

SIGNATURE

James P. Johnson, President

4-5-01

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTC
JOHNSON, JAMES P
14032 SO. KOSTNER AVE. STE. B
CRESTWOOD IL 60445 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSVC
TARACH, THOMAS F
14032 SO. KOSTNER AVE. STE. B
CRESTWOOD IL 60445 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ 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:

James P. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James P. Johnson, President 4/5/01 708-489-5100

Date

Daytime Phone #

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90177 007 ***158.75

C0046444



DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3995452

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

CR2E034 (10/00)

0588277