

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90068 015 ***150.00

DOCUMENT # F00000001178

1. Entity Name
DIAL TOOL INDUSTRIES, INC.

Principal Place of Business

201 SOUTH CHURCH ST.
ADDISON IL 60101-3747

Mailing Address

201 SOUTH CHURCH ST.
ADDISON IL 60101-3747

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-2539933

Applied For

Not Applicable

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

WILLIAMS, WAYNE
10235 HARBOURTOWN CT
BOCA RATON FL 33498

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.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 **C** ☐ Delete
NAME **PAGLIUZZA, GREGORY SR.**
STREET ADDRESS **9134 NORTH RIDGEWAY**
CITY-ST-ZIP **SKOKIE IL 60076**

TITLE **DC** ☒ Change ☐ Addition
NAME **PAGLIUZZA, GREGORY SR.**
STREET ADDRESS **9134 NORTH RIDGEWAY**
CITY-ST-ZIP **SKOKIE, IL. 60076**

TITLE **VCP** ☐ Delete
NAME **PAGLIUZZA, STEVE**
STREET ADDRESS **4 KNOLL COURT**
CITY-ST-ZIP **SOUTH BARRINGTON IL 60010**

TITLE **PP** ☒ Change ☐ Addition
NAME **PAGLIUZZA, STEVE**
STREET ADDRESS **4 KNOLL COURT**
CITY-ST-ZIP **SOUTH BARRINGTON, IL. 60010**

TITLE **DVST** ☐ Delete
NAME **PAGLIUZZA, MARIO**
STREET ADDRESS **21540 OLD BARRINGTON RD.**
CITY-ST-ZIP **BARRINGTON IL 60010**

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

TITLE **D** ☐ Delete
NAME **PAGLIUZZA, ANTOINETTE**
STREET ADDRESS **9134 NORTH RIDGEWAY**
CITY-ST-ZIP **SKOKIE IL 60076**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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] **REGISTERED**

PAGLIUZZA

Date

Daytime Phone #

2/202 630-543-3600

CR2E034 (9/01)