

2001 UNIFORM BUSINESS REPORT (UBR)

3/2

FILED

Apr 19, 2001 8:00 am
Secretary of State

03-20-2001 90021 039 ***150.00

DOCUMENT # F00000003001

1. Entity Name

RENAISSANCE RECOVERY SERVICES, INC.

Principal Place of Business

Mailing Address

2700 SANDERS ROAD
PROSPECT HEIGHTS IL 60070

2700 SANDERS ROAD
PROSPECT HEIGHTS IL 60070

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

APPLIED FOR

36-4369307

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FUNK, L M	
STREET ADDRESS	2700 SANDERS ROAD	
CITY-ST-ZIP	PROSPECT HEIGHTS IL 60070	
TITLE	V	<input type="checkbox"/> Delete
NAME	WESOLOWSKI, T E	
STREET ADDRESS	2700 SANDERS ROAD	
CITY-ST-ZIP	PROSPECT HEIGHTS IL 60070	
TITLE	V	<input type="checkbox"/> Delete
NAME	DELUCA, M A	
STREET ADDRESS	2700 SANDERS ROAD	
CITY-ST-ZIP	PROSPECT HEIGHTS IL 60070	
TITLE	VS	<input type="checkbox"/> Delete
NAME	BURAK, J L	
STREET ADDRESS	2700 SANDERS ROAD	
CITY-ST-ZIP	PROSPECT HEIGHTS IL 60070	
TITLE	VT	<input type="checkbox"/> Delete
NAME	MOSS, B B JR.	
STREET ADDRESS	2700 SANDERS ROAD	
CITY-ST-ZIP	PROSPECT HEIGHTS IL 60070	
TITLE	VT	<input type="checkbox"/> Delete
NAME	MORELLI, P J	
STREET ADDRESS	2700 SANDERS ROAD	
CITY-ST-ZIP	PROSPECT HEIGHTS IL 60070	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Assistant Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Angelo, J.M.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Joseph M. Angelo

Joseph M. Angelo 2-2-2001

(847) 664-6058

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assistant Secretary

Date

Daytime Phone #

CR2E034 (10/00)