

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91029 034 ***150.00

DOCUMENT # F00000003001

1. Entity Name
RENAISSANCE RECOVERY SERVICES, INC.



Principal Place of Business
2700 SANDERS ROAD
PROSPECT HEIGHTS, IL 60070

Mailing Address
2700 SANDERS ROAD
TAX DEPT 2-S
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

04222004

Chg-P

CR2E034 (10/03)

4. FEI Number
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
DP	Menta, SN	1441 Schilling Place	Salinas, CA 93901	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	Jewell, SB	2700 Sanders Rd	Prospect Hts, IL 60070	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	NELSON, KA	2700 Sanders Rd	Prospect Hts, IL 60070	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SVPC	Sprude, M.A	1441 Schilling Place	Salinas, CA 93901	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	MARCUS, ME	1441 Schilling Place	Salinas, CA 93901	<input checked="" type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph M. Angelo 4/26/04

Date

Daytime Phone #

847.564.5000

12 HCS 9951031