

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # F00000003151**1. Entity Name
GLOBALNET INTERNATIONAL, INC.

Principal Place of Business

721 EAST MADISON

VILLA PARK
60181

IL

Mailing Address

721 EAST MADISON

VILLA PARK
60181

IL

2. Principal Place of Business

1919 S. HIGHLAND AVENUE

Suite, Apt. #, etc.
125-DCity & State
LOMBARD ILZip
60148

Country

3. Mailing Address

1919 S. HIGHLAND AVENUE

Suite, Apt. #, etc.
125-DCity & State
LOMBARD ILZip
60148

Country

4. FEI Number

36-4370043

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROADPLANTATION
33324

US

FL

7. Name and Address of New Registered Agent

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)

05/01/2001

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

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete
NAME	WICKERSHAM DANIEL W	
STREET ADDRESS	380 STONYBROOK DRIVE	
CITY-ST-ZIP	CANTON GA 30115	
TITLE	D	<input type="checkbox"/> Delete
NAME	DONAHUE COLUM	
STREET ADDRESS	119 WEST ADAMS STREET	
CITY-ST-ZIP	VILLA PARK IL 60181	
TITLE	P	<input type="checkbox"/> Delete
NAME	DONAHUE ROBERT	
STREET ADDRESS	119 WEST ADAMS STREET	
CITY-ST-ZIP	VILLA PARK IL 60181	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VALLES PERE	
STREET ADDRESS	820 MUIRHEAD AVENUE	
CITY-ST-ZIP	NAPERVILLE IL 60565	
TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WICKERSHAM DANIEL M	
STREET ADDRESS	1889 PINE LOG CHURCH	
CITY-ST-ZIP	BRASSTOWN NC 28902	
TITLE	COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONAHUE COLUM P	
STREET ADDRESS	25572 ROUTE 53	
CITY-ST-ZIP	GLEN ELLYN IL 60137	
TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONAHUE ROBERT J	
STREET ADDRESS	119 WEST ADAMS STREET	
CITY-ST-ZIP	VILLA PARK IL 60181	
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: Robert J. Donahue

CEO

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)