

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 03, 2001 8:00 am
Secretary of State**

05-03-2001 90953 025 ***150.00

DOCUMENT # F00000003426

1. Entity Name

MOLD-EX ACQUISITION, INC.

Principal Place of Business

**55 WEST MONROE STREET, SUITE 3430
CHICAGO IL 60602**

Mailing Address

**55 WEST MONROE STREET, SUITE 3430
CHICAGO IL 60602**

2. Principal Place of Business

8052 Armstrong Road

Suite, Apt. #, etc.

3. Mailing Address

8052 Armstrong Road

Suite, Apt. #, etc.

City & State

Milton, FL

City & State

Milton, FL

4. FEI Number

91-2048994

Applied For

Not Applicable

Zip

32583

Country

USA

Zip

32583

Country

USA5. 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

**NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301**

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. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCD	<input checked="" type="checkbox"/> Delete
NAME	SIMKO, GREG	
STREET ADDRESS	55 WEST MONROE STREET, SUITE 3430	
CITY-ST-ZIP	CHICAGO IL 60602	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LOCKWOOD, JASON	
STREET ADDRESS	55 WEST MONROE STREET, SUITE 3430	
CITY-ST-ZIP	CHICAGO IL 60602	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARRISH, RON	
STREET ADDRESS	454 WEST JACKSON ST. SUITE#1	
CITY-ST-ZIP	WOODSTOCK, IL 60098	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEIDRICH, NADINE	
STREET ADDRESS	1137 CENTRAL AVE. SUITE# 2	
CITY-ST-ZIP	WILMETTE, IL 60091	
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		

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:

Nadine Heidrich
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NADINE HEIDRICH

Date

847-251-3740

Daytime Phone #

CR2E034 (10/00)