## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 02, 2001 8:00 am Secretary of State DOCUMENT # F0000004157 SECURED DATA OF AMERICA, INC. 05-02-2001 90214 006 \*\*\*150.00 Principal Place of Business Mailing Address 12 KETRON COURT 2-KETRON COURT-GREENVILLE 3C 29807 SPEENVILLE OC 29007 2. Principal Place of Business 3. Mailing Address 400 N MICHIGAN AVE <u>SAME</u> Suite, Apt. #, etc. #610 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 54-1614107 CHICAGO, IL Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 60611 COOK 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition ☐ Change **PCD** TITLE TITLE X Delete PCD GERARD LEGTMANN NAME NAME VAUGHAN, THEDA L 400 N MICHIGAN AVE #610 CHICAGO, IL 60611 STREET ADDRESS STREET ADDRESS 12 KETRON COURT CITY-ST-ZIP CITY-ST-7IP GREENVILLE\_SC Change Addition X Delete TITLE SD TITLE DOUGLAS HOLLMAN NAME vaughan, James R NAME 6111 LIVE OAK PARKWAY STREET ADDRESS STREET ADDRESS 12 KETRON COURT NORCROSS, GA 30093 CITY-ST-ZIP CITY-ST-7IP **GREENVILLE SC** Delete ☐ Change Addition TITLE ٧D TIT! F DAVID WEBSTER CATOE JR. JIM A NAME NAME 400 N MICHIGAN AVE #610 STREET ADDRESS STREET ADDRESS 12 KETRON COURT CHICAGO, IL 60611 CITY-ST-7IP CITY-ST-ZIP **GREENVILLE SC** ☐ Change X Addition TITLE ☐ Delete TITLE D NAME NAME VICTOR MENDES 555 NORTH POINT CENTER EAST #150 STREET ADDRESS STREET ADDRESS ALPHARETTA, GA 30022 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 affachment with an address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

IGNATURE AND TYPED OF ED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

DAVID WEBSTER

☐ Change

☐ Addition