

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000004239

1. Entity Name
MOTIVATION ONLINE, INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90095 050 ***150.00

Principal Place of Business 2500 WEST HIGGINS ROAD HOFFMAN ESTATES IL 60195	Mailing Address 2500 WEST HIGGINS ROAD HOFFMAN ESTATES IL 60195
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2. Principal Place of Business 500 W. Algonquin Rd	3. Mailing Address 500 W. Algonquin Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State Mt. Prospect, IL	City & State Mt. Prospect, IL	4. FEI Number 36-2648025	Applied For Not Applicable
Zip 60056	Country USA	Zip 60056	Country U.S.A.

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOELLER, BRUCE 2500 WEST HIGGINS ROAD HOFFMAN ESTATES IL 60195 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Moeller, Bruce 500 W. Algonquin Road Mt. Prospect, IL 60056 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MULLER, CRAIG 2500 WEST HIGGINS ROAD HOFFMAN ESTATES IL 60195 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Muller, Craig 500 W. Algonquin Road Mt. Prospect, IL 60056 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAGERUP, RICHARD 2500 WEST HIGGINS ROAD HOFFMAN ESTATES IL 60195 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Edward Morse 1266 W. Paces Ferry Road, #503 Atlanta, GA 30327 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITHSON, KIMBERLY 2500 WEST HIGGINS ROAD HOFFMAN ESTATES IL 60195 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dan Howell 350 N. Clark Street Chicago, IL 60610 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DVORAK, DARRELL 2500 WEST HIGGINS ROAD HOFFMAN ESTATES IL 60195 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D David Talmie 222 S. Riverside Plaza, 17th Floor Chicago, IL 60606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST COLLIER, PAUL 2500 WEST HIGGINS ROAD HOFFMAN ESTATES IL 60195 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S Cynthia T. Quigley 500 W. Algonquin Road Mt. Prospect, IL 60056 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-01 847/437-4433
Date Daytime Phone #

CR2E034 (10/00)