

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0150274 MB

**DOCUMENT # F00000005228**  
1. Entity Name  
**TRIODYNE, INC.**



**FILED**

03 SEP 10 AM 8:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
5950 WEST TOUHY AVENUE  
NILES IL 60714-4610

Mailing Address  
5950 WEST TOUHY AVENUE  
NILES IL 60714-4610

2. Principal Place of Business  
**664 DUNDEE ROAD**

3. Mailing Address  
**← SAME**

Suite, Apt. #, etc.  
**103**

City & State  
**NORTHBROOK, IL**

City & State  
**← SAME**

Zip  
**60062**

Country  
**USA**

CHECK HERE IF MAKING CHANGES

4. FEI Number **36-2726570**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**EMANUELE, MARK A**  
**3600 NORTH FEDERAL HWY 3RD FL**  
**FT LAUDERDALE FL 33308**

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

SIGNATURE *[Signature]*  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>UZGIRIS, S. CARL</b><br><b>1056 SAXONY DRIVE</b><br><b>HIGHLAND PARK IL</b> | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br><b>BARNETT, DOLORES G</b><br><b>132 E. DELAWARE #6307</b><br><b>CHICAGO IL</b> | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CD</b><br><b>BARNETT, RALPH L</b><br><b>2721 ALISON LANE</b><br><b>WILMETTE IL</b>      | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|   |  |   |
|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP              |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>600022926586</b><br><b>09/10/03--01030--008 **550.00</b> |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP              |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP              |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP              |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP              |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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]* **DOLORES G. BARNETT** 8/11/03  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (4/03)