## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Feb 12, 2002 8:00 am Secretary of State DOCUMENT # F00000005336 1. Entity Name 02-12-2002 90104 018 \*\*\*150.00 **EEI HOLDING CORPORATION** Principal Place of Business Mailing Address 700 N. MACARTHUR BLVD. 700 N. MACARTHUR BLVD. SPRINGFIELD IL 62702 SPRINGFIELD IL 62702 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 37-0957740 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After Nay 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/01) TITLE CCD ☐ Delete TITLE ☐ Change Addition NAME EGIZII. ROBERT W NAME STREET ADDRESS 700 N. MACARTHUR BLVD. STREET ADDRESS CITY-ST-7IP SPRINGFIELD IL 62702 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition EGIZII, RODNEY W NAME NAME STREET ADDRESS STREET ADDRESS 700 N. MACARTHUR BLVD. CITY-ST-ZIP SPRINGFIELD IL 62702 CITY-ST-ZIP TITLE **VPCO** ☐ Delete TITLE ☐ Change ☐ Addition NAME -DRENDEL, DAVID NAME STREET ADDRESS STREET ADDRESS 700 N. MACARTHUR BLVD. CITY-ST-ZIP CITY-ST-7IP SPRINGFIELD IL 62702 ☐ Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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:

Redney W. Egizii ED NAME OF SIGNING OFFICER OR DIRECTOR

01/23/02

(217)528-4001

Daytime Phone #