

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90038 035 ***150.00

DOCUMENT # F00000006021

1. Entity Name
ENCOMPASS SOFTWARE, INC.

Principal Place of Business

**8 CROSS TIMBER
BARRINGTON HILLS IL 60010**

Mailing Address

**8 CROSS TIMBER
BARRINGTON HILLS IL 60010**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

36-4284484

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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.

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, 2002 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

TITLE **PTD** ☐ Delete
NAME **LICHTER, MICHAEL**
STREET ADDRESS **8 CROSS TIMBER**
CITY-ST-ZIP **BARRINGTON HILLS IL 60010**

TITLE **VSD** ☐ Delete
NAME **WARD, ROBERT**
STREET ADDRESS **1116 HEAVENS GATE**
CITY-ST-ZIP **LAKE IN THE HILLS IL 60156**

TITLE **D** ☐ Delete
NAME **LICHTER, RANDY**
STREET ADDRESS **8 CROSS TIMBER RD**
CITY-ST-ZIP **BARRINGTON HILLS IL 60010**

TITLE **D** ☐ Delete
NAME **WARD, JANICE**
STREET ADDRESS **1116 HEAVENS GATE**
CITY-ST-ZIP **LAKE IN THE HILLS IL 60156**

TITLE **D** ☐ Delete
NAME **LICHTER, HILDE**
STREET ADDRESS **26774 N OAK DR**
CITY-ST-ZIP **WAUCONDA IL 60084**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 8 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael M. Lichter
President

02/19/02

Date

Daytime Phone #

358-6800

Ext. 14

CR2E034 (9/01)