

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90119 039 ***150.00

DOCUMENT # F00000006074

1. Entity Name
LICENSE TECHNOLOGIES GROUP, INC.



Principal Place of Business
850 ASBURY DRIVE
BUFFALO GROVE, IL 60089

Mailing Address
850 ASBURY DRIVE
BUFFALO GROVE, IL 60089

14019762



04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3478040	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCD
HOFFMAN, MARK
ONE ENVIRONMENTAL WAY
BROOMFIELD, CO 80021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
JARVIE, PAUL
850 ASBURY DRIVE
BUFFALO GROVE, IL 60089

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AT
STUART, K
850 ASBURY DRIVE
BUFFALO GROVE, IL 60089

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
SURKAMER, GEOFF
850 ASBURY DRIVE
BUFFALO GROVE, IL 60089

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVP
GLOVER, GORDON
850 ASBURY DRIVE
BUFFALO GROVE, IL 60089

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-04 847-465.3700