

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000006606

1. Entity Name

CGN & ASSOCIATES, INC.

FILED

May 04, 2001 8:00 am  
Secretary of State

05-04-2001 90143 026 \*\*\*150.00

Principal Place of Business

415 S.W. WASHINGTON STREET  
PEORIA IL 61602

Mailing Address

415 S.W. WASHINGTON STREET  
PEORIA IL 61602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 reinstalling)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME GUHA, SESHADRI  
STREET ADDRESS 415 S.W. WASHINGTON STREET  
CITY-ST-ZIP PEORIA IL 61602 ☐ Delete

TITLE VTD  
NAME CHEUNG, C. PATRICK  
STREET ADDRESS 17187 N. LAUREL DRIVE, SUITE 437  
CITY-ST-ZIP LIVONIA MI 48152 ☐ Delete

TITLE SD  
NAME NATH, ADITYA  
STREET ADDRESS 415 S.W. WASHINGTON STREET  
CITY-ST-ZIP PEORIA IL 61602 ☐ Delete

TITLE D  
NAME PEARL, JOHN P  
STREET ADDRESS 600 E. HIGH POINT ROAD  
CITY-ST-ZIP PEORIA IL 61614 ☐ Delete

TITLE D  
NAME MARGOLIES, ISRAEL  
STREET ADDRESS 7966 TENNYSON COURT  
CITY-ST-ZIP BOCA RATON FL 33433 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

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

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

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

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and correct and that I am duly 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

Date

Daytime Phone #

CR2E034 (10/00)