2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F00000007026

LEON, THERESA

30941 SUNEAGLE DRIVE

MOUNT DORA, FL 32757

Name:

Address: City-St-Zip:

Entity Name: HANDEX OF ILLINOIS, INC.

FILED Feb 06, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1701 W. QUINCY, UNIT 8 NAPERVILLE, IL 605406687 **Current Mailing Address: New Mailing Address:** 30941 SUNEAGLE DR. MT. DORA, FL 32757 FEI Number: 36-3785464 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NRAI SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE, FL 32301 US 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition EATMAN, ROGER Name: Name: 30941 SUNEAGLE DRIVE Address: Address: City-St-Zip: MT. DORA, FL 327579784 City-St-Zip: Title: PD Title: () Delete () Change () Addition Name: BANNON, GEORGE Name: 30941 SUNEAGLE DRIVE Address: Address: MT. DORA, FL 327579784 City-St-Zip: City-St-Zip: Title: () Delete Title: VAS () Change () Addition RICHARDS, BRIAN Name: Name: 30941 SUNEAGLE DRIVE Address: Address: City-St-Zip: MT. DORA, FL 327579784 City-St-Zip: Title: () Delete Title: () Change () Addition MULLINS, WILLIAM P Name: Name: Address: 30941 SUNEAGLE DRIVE Address: City-St-Zip: MT. DORA, FL 327579784 City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: WILLIAM E TABOR JR S 02/06/2003