

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90080 021 \*\*\*150.00

**DOCUMENT # F01000000212**

1. Entity Name  
**WITTENSTEIN SOLUTIONS, INC.**

Principal Place of Business <b>C/O THIEDMANN &amp; EDLER                  222 SOUTH RIVERSIDE PLAZA, SUITE 1410                  CHICAGO IL 60606</b>	Mailing Address <b>C/O THIEDMANN &amp; EDLER                  222 SOUTH RIVERSIDE PLAZA, SUITE 1410                  CHICAGO IL 60606</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Numbr <b>36 44 08 146</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**NRAI SERVICES, INC.  
 526 EAST PARK AVENUE  
 TALLAHASSEE FL 32301**

**7. Name and Address of New Registered Agent**

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, KENNETH</b>	
STREET ADDRESS	<b>1440 HOWARD STREET</b>	
CITY-ST-ZIP	<b>ELK GROVE VILLAGE IL 60007</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>THIEDMANN, KLAUS U</b>	
STREET ADDRESS	<b>222 SOUTH RIVERSIDE PLAZA, SUITE 1410</b>	
CITY-ST-ZIP	<b>CHICAGO IL 60606</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>CASTILLON, CARLOS</b>	
STREET ADDRESS	<b>1440 HOWARD STREET</b>	
CITY-ST-ZIP	<b>ELK GROVE VILLAGE IL 60007</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>WITTENSTEIN, MANFRED</b>	
STREET ADDRESS	<b>WALTER-WITTENSTEIN-STRASSE 1</b>	
CITY-ST-ZIP	<b>97999 IGRERSHEIM, GERMANY</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SCHWARZ, KARL-HEINZ</b>	
STREET ADDRESS	<b>WALTER-WITTENSTEIN-STRASSE 1</b>	
CITY-ST-ZIP	<b>97999 IGRERSHEIM, GERMANY</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Klaus U. Thiedmann* **Klaus U. Thiedmann, Secy** **03/12/2002** **312/831-4440**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

OPTIONAL FORM NO. 100 (9/01)

CR2E034 (9/01)