

Page 10/3

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 OCT 23 AM 11:28

DOCUMENT # F01000001542

1. Entity Name

Animal Health Supplies, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

6551 Broadway Ave.

3. Mailing Address

1880 County Farm Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, FL

City & State

Naperville, IL

4. FEI Number

37-1406284

Applied For

Not Applicable

Zip

32205

Country

USA

Zip

60563

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays St.

City

Tallahassee

FL

Zip Code  
32301

**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.

SIGNATURE

*Laura R. Dunlap*

Laura R. Dunlap  
as its agent

400008557554

10/25/02

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

(NOTE: Registered Agent signature required when resigning)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
See attached list

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary/Treasure 10/15/02

Date

630-548-8210

Daytime Phone #

CR2E034B (12/01)

**ANIMAL HEALTH SUPPLIES, INC.  
DIRECTORS AND OFFICERS**

<b>Name</b>	<b>Title</b>	<b>Address</b>
Dirk Hejnal	Director and Chairman	1880 Country Farm Dr. Naperville, IL 60563
Vern Foster	Director and President	6551 Broadway Ave. Jacksonville, FL 32205
Ray McCurdy	Director, Secretary and Treasurer	1880 Country Farm Dr. Naperville, IL 60563
Robert H. Bard	Director	6551 Broadway Ave. Jacksonville, FL 32205
Dennis Dynneson	Director, Vice President and Managing Director	6551 Broadway Ave. Jacksonville, FL 32205

PAGE 3 of 3



ACCOUNT NO. : 072100000032

REFERENCE : 774794 4304369

AUTHORIZATION :

*Patricia Figueira*

COST LIMIT : \$ 750.00

ORDER DATE : October 8, 2002

ORDER TIME : 3:51 PM

ORDER NO. : 774794-025

CUSTOMER NO: 4304369

CUSTOMER: Ms. Inga Scheckel  
Lord, Bissell & Brook  
115 South Lasalle Street  
Suite 3500  
Chicago, IL 60603

ANNUAL REPORT FILING

*File 1st*

NAME: ANIMAL HEALTH SUPPLIES, INC.

RECEIVED  
02 OCT 23 PM 4: 33  
DIVISION OF CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: HEATHER POWELL - EXT 1155

EXAMINER'S INITIALS:

TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATION  
DEPARTMENT OF STATE  
02 OCT 25 AM 10: 27

RECEIVED