2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000001637

1. Entity Name

ST. STEPHEN CORPORATION OF ILLINOIS



FILED Mar 17, 2003 8:00 am Secretary of State

03-17-2003 90109 040 ***150.00

| Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME ODIRAKALLUUMKAL, MANI 7317 N. KEYSTONE LINCOLNWOOD IL 60712 TITLE NAME STREET ADDRESS CITY-ST-ZIP UNCOLNWOOD IL 60712 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C | | . | | | | |
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| Suite, Apt. #, etc. City & State | 950 SOUTH FEDERAL HIGHWAY 7317 NORTH KEYS | | | | | |
| Suite, Apt. #, etc. City & State | | | | | | |
| City & State Ci | 2. Principal | Place of Business | 3. Mailing Address | | | 1811: 80 101:1810 5 1101 1111 1 00 1 |
| Zip Country Zip Country | Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | CHECK HERE IF MAKING CHANGES | |
| Second S | City & State | | City & State | | 4. FEI Number 36-3631476 | |
| ODIRAKALLUMKAL, JIM 950 SOUTH FEDERAL HIGHWAY STUART FL 34994 6. 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. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ODIRAKALLUMKAL, MAN 7317 N. KEYSTONE UNCOLNWOOD IL 60712 TITLE ODIRAKALLUMKAL, JIM 30084 AGENT AGENTS ODIRAKALLUMKAL, JIM 30084 AGENT AGENTS SIRET AGENTS ODIRAKALLUMKAL, MARY 317 N. KEYSTONE UNCOLNWOOD IL 60712 OBelete NAME ODIRAKALLUMKAL, MARY 317 N. KEYSTONE UNCOLNWOOD IL 60712 OBelete NAME SIRET AGENTS OTIVE ST. 2P ODIRAKALLUMKAL, MARY 317 N. KEYSTONE UNCOLNWOOD IL 60712 OBelete NAME SIRET AGENTS OTIVE ST. 2P ODIRAKALLUMKAL MARY 318 N. KEYSTONE UNCOLNWOOD IL 60712 OBelete NAME SIRET AGENTS OTIVE ST. 2P ODIRAKALLUMKAL MARY 318 N. KEYSTONE UNCOLNWOOD IL 60712 OBelete NAME SIRET AGENTS OTIVE ST. 2P OTIVE ST | Zip | Country | Zip | Country | 5. Certificate of Status Desired | \$8.75 Additional |
| ODIRAKALLUMKAL, JIM 950 SOUTH FEDERAL HIGHWAY STUART FL 34994 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 sm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I sm familiar with, and accept the obligations of registered agent. SIGNATURE Sponsore housed or procedured agent and tills if applicable. PIOTE flagstered Agent agreed required where registered agent, or both, in the State of Florida. I sm familiar with, and accept the obligations of registered agent. FILE NOW!!! FEE IS \$150,00 After May 1, 2003 Fee will be \$550,00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE NOW. STREET AGRESS ODIRAKALLUMKAL, MANI 317 N. KEYSTONE UNCOLINWOOD IL 60712 TILE STD ODIRAKALLUMKAL, JIM 7317 N. KEYSTONE UNCOLINWOOD IL 60712 TILE STD ODIRAKALLUMKAL, JIM 7317 N. KEYSTONE UNCOLINWOOD IL 60712 TILE STD ODIRAKALLUMKAL, MARY 7317 N. KEYSTONE UNCOLINWOOD IL 60712 TILE STD ODIRAKALLUMKAL, MARY 7317 N. KEYSTONE UNCOLINWOOD IL 60712 TILE NAME STREET AGRESS OTIV-51-2P TILE NAME S | | 6. Name and Address of Current | Registered Agent. | | 7. Name and Address of New Register | |
| STUART FL 34994 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. I am familiar with, and screy the obligations of registered agent and rule if applicable. (MOTE Registered Agent algebrace agent, or both, in the State of Florida. I am familiar with, and screy state with large agent and rule if applicable. (MOTE Registered Agent algebrace agent, or both, in the State of Florida. I am familiar with, and screy agent | UDIDAKA | I I I IAAVAT KAA | | Name | | |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signature Signature NOTE Registered Agent agreeture required when relistating) DATE | · | | | Street Addres | ss (P.O. Box Number is Not Acceptable) | |
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| SIGNATURE Signature, byood or primod name of ingitiseed agent and side if applicable. (NOTE Registered Agent signature required when reinstating) DATE | 8. The above the obliga | e named entity submits this statement for | or the purpose of changing it | s registered office or regis | stered agent, or both, in the State of Florida. I | am familiar with, and accept |
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| 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 lead effect or if medicated and that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same lead effect or if medicated and that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same lead effect or if medicated and the same lead effect or if the s | | artife that the information | | | | |

The early 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 chapter 607, Florida Statutes is and that my name appears in Block 10 or Block 11 if

IGNATURE: Manufacture and typed or printed name of signing officer or director