

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90189 003 ***158.75

DOCUMENT # F01000001913

1. Entity Name
SOUTHERN ADVENT SYSTEMS, INC.

Principal Place of Business
477 W. WRIGHTWOOD AVENUE
ELMHURST IL 60126

Mailing Address
477 W. WRIGHTWOOD AVENUE
ELMHURST IL 60126

2. Principal Place of Business
435 W. FULLERTON AVE
 Suite, Apt. #, etc.

3. Mailing Address
435 W. FULLERTON
 Suite, Apt. #, etc.

City & State
ELMHURST IL
 Zip Country
60126

City & State
ELMHURST IL
 Zip Country
60126

4. FEI Number **36-3941467** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) 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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD WALSDORF, MICHAEL R 477 W. WRIGHTWOOD AVENUE ELMHURST IL 60126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOTHROP, JOHN W 477 W. WRIGHTWOOD AVENUE ELMHURST IL 60126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORAN, THOMAS J 477 W. WRIGHTWOOD AVENUE ELMHURST IL 60126	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIVANE, WILLIAM T 477 W. WRIGHTWOOD AVENUE ELMHURST IL 60126	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SEBEN, PAUL M 477 W. WRIGHTWOOD AVE. ELMHURST IL 60126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 435 W. FULLERTON AVE ELMHURST IL 60126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 435 W. FULLERTON AVE ELMHURST IL 60126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 435 W. FULLERTON AVE ELMHURST IL 60126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Michael R. Walsdorf, Pres. Date 4-10-02 Daytime Phone # 630-279-7171

CR2E034 (9/01)