

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90166 005 ***150.00

DOCUMENT # F01000002727

1. Entity Name
RAYMOND D. SANTUCCI GROUP, INC.

Principal Place of Business

**1N141 COUNTY FARM RD.
 WINFIELD IL 60190**

Mailing Address

**1N141 COUNTY FARM RD.
 WINFIELD IL 60190**

2. Principal Place of Business

1N141 County Farm Rd

Suite, Apt. #, etc.
Suite #230

City & State
Winfield, IL

Zip
60190

Country
USA

3. Mailing Address

1N141 County Farm Rd.

Suite, Apt. #, etc.
Suite #230

City & State
Winfield, IL

Zip
60190

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

34-4424534

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SANTUCCI, RAYMOND D
 16210 BAYSIDE POINT, EAST, #1303
 FORT MEYERS FL 33908**

7. Name and Address of New Registered Agent

Name
(No Change)

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

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

(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
 SANTUCCI, RAYMOND D
 1620 BAYSIDE POINT, EAST, UNIT #1303
 FORT MEYERS FL 33908** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**V
 SANTUCCI, PATRICIA
 1620 BAYSIDE POINT, EAST, UNIT #1303
 FORT MEYERS FL 33908** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SD
 WINTHERS, DAVID J
 970 CHERRYWOOD LN WEST
 CHICAGO IL 60185** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**TD
 DENARDO, WARREN C
 9025 KENNEDY RD.
 YORKVILLE IL 60560** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**V
 SANTUCCI, RAYMOND D II
 PO BOX 533
 WAYNE IL 60184** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**AS
 CRAY, SCOTT
 15630 MCGREGOR BLVD. #103
 FORT MEYERS FL 33908** ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

DAVID J. WINTHERS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR V.P./Secy.

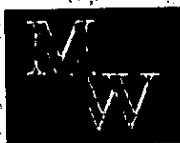
1/10/02 **#(630) 668-6700**

Date

Daytime Phone #

CR2E034 (9/01)

ATTACHMENT



FOI 000002727

8/2096

M U L L E N & W I N T H E R S P C
Attorneys and Counselors at Law

*Terence C. Mullen
David J. Winthers*

*Of Counsel
Thomas J. Mullen*

January 14, 2002

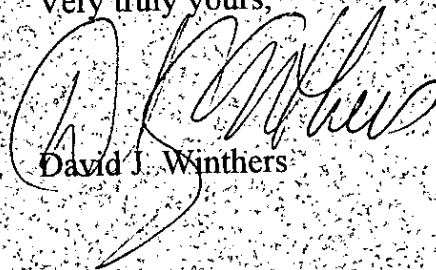
Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: RDS Group, Inc.
FEI Number 34-4424534
Document #F01000002727

Dear Madam/Sir:

Enclosed herewith please find an Annual Report for the above-referenced Florida Corporation. Also enclosed is the requisite check in the amount of \$150.00 for the filing fee. If you have any questions please contact the undersigned. Thank you.

Very truly yours,



David J. Winthers

DJW/sfm
Encl

cc: Dr. Raymond D. Santucci