2003 FOR PROFIT CORPORATION

FILED Feb 21, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR **DOCUMENT #** F01000002727 1. Entity Name 02-21-2003 90207 029 ***150.00 RAYMOND D. SANTUCCI GROUP, INC. Principal Place of Business Mailing Address 1N141 COUNTY FARM RD. 1N141 COUNTY FARM RD. WINFIELD IL 60190 WINFIELD IL 60190 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 34-4424534 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SANTUCCI, RAYMOND D SANTUCCI RAYMOND D. Street Address (P.O. Box Number is Not Acceptable) 16210 BAYSIDE POINT, EAST, #1303 2252 Starfish Lane, FORT MEYERS FL 33908 P.O. Box 78 Sanibel Island 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 accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE PCD Change ☐ Addition SANTUCCI, RAYMOND D NAME SANTUCCI, RAYMOND D. 1620 BAYSIDE POINT, EAST, UNIT #1303 STREET ADDRESS STREET ADDRESS 2252 STARFISH LANE, P.O. BOX 78 CITY-ST-ZIP FORT MEYERS FL 33908 CITY-ST-ZIP SANIBEL ISLAND, FL 33957 TITLE Delete TITLE Change SANTUCCI, PATRICIA ☐ Addition NAME NAME SANTUCCI, PATRICIA 2252 STARFISH LANE, P.O. BOX 78 STREET ADDRESS 1620 BAYSIDE POINT, EAST, UNIT #1303 STREET ADDRESS CITY-ST-ZIP FORT MEYERS FL 33908 CITY-ST-ZIP SANIBEL ISLAND, FL 33957 TITLE Delete TITI F Change ☐ Addition NAME WINTHERS, DAVID J NAME STREET ADDRESS 970 CHERRYWOOD LN WEST STREET ADDRESS CITY-ST-ZIP CHICAGO IL 60185 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME DENARDO, WARREN C NAME STREET ADDRESS 19025 Kennedy Rd. STREET ADDRESS CITY-ST-ZIP Yorkville IL 60560 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SANTUCCI, RAYMOND D II NAME NAME STREET ADDRESS PO BOX 533 STREET ADDRESS CITY-ST-ZIP WAYNE IL 60184 CITY-ST-ZIP AS TI F ☐ Delete TITLE ☐ Change ☐ Addition CRAY, SCOTT

2. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE:

15630 MCGREGOR BLVD. #103

FORT MEYERS FL 33908

IAME

TREET ADDRESS

ITY-ST-ZIP

SIGNATURE REQ*UILS* D SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 630-377-0822

CR2E034 (10/02)