

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90068 035 ***150.00

UNIFORM
A1

DOCUMENT # F01000003611

1. Entity Name

RICH GRAPHICS CORP.

Principal Place of Business

**31 PRESIDENTIAL DRIVE
 ROSELLE IL 60172**

Mailing Address

**31 PRESIDENTIAL DRIVE
 ROSELLE IL 60172**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-3157456

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

7. Name and Address of New Registered Agent

**BLEVINS, PAUL
 2175 PREMIER ROW, SUITE C
 ORLANDO FL 32809**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **CHLEBOS, RICHARD A**
 CITY-ST-ZIP **2016 ABBOTSFORD DRIVE
 BARRINGTON IL 60010**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **CHLEBOS, RICHARD J**
 CITY-ST-ZIP **310 E. MARSEILLES STREET
 VERNON HILLS FL 60061**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **ST**
 STREET ADDRESS **CHLEBOS, SANDRA**
 CITY-ST-ZIP **2016 ABBOTSFORD DRIVE
 BARRINGTON IL 60010**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **CIESLA, CARYN**
 CITY-ST-ZIP **4870 BOULDER LANE
 BARRINGTON IL 60010**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **495 Regalia DR.**
 CITY-ST-ZIP **Barrington, IL 60010**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BLEVINS, JULIE**
 CITY-ST-ZIP **1233 LAKEVIEW DRIVE
 PALATINE IL 60067**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **4854 Kenneland circle**
 CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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:

Scott A. Blevins
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/02

Date

307-9936 x163

Daytime Phone #

CR2E034 (9/01)