FILED

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F0100004027 1. Entity Name OAG WORLDWIDE INC.					Apr 16, 2002 8:00 am Secretary of State 04-16-2002 90049 043 ***150.00		
Principal Place of Business Mailing Address							
2000 CLEARWATER DRIVE OAK BROOK IL 60523 2000 CLEARWATER DRIVE OAK BROOK IL 60523							
2. Principal Place of Business 3025 Highland Parkway 3025 Highland Suite, Apt. #, etc. 3. Mailing Address 3025 Highland Suite, Apt. #, etc.			Parkwa	rkway DO NOT: WRITE IN THIS SPACE			
^C ĎÖ₩ners Grove, IL				4. FEI Number Applied For 36-4458455 Not Applicable			
Zip 60515 Country USA	^{Zi} 60515	Countr	ountry USA			. 75 Additional Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent Name				
CORPORATION SERVICE COMPANY							
1201 HAYS STREET TALLAHASSEE FL 32301-2525			Street Address (P.O. Box Number is Not Acceptable)				
TALLAHAGGEE FE 32301-2323		F	City		FL	Zip Code	
8. The above named entity submits this statement for the purpose of changing its registers			d office or re-	nistered			
SIGNATURE							
Signature, typed or printed name of registered agent and	title if applicable. (NOTE: R	Registered	Agent signature r	required whe	on reinstating) DATE	<u>.</u>	
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) FILE NOW!!! FEI After May 1, 2002 Fet Make Check Payable to I		Pee v	vill be \$550	0.00	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11. OFFICERS AND DIE	RECTORS	12.			ADDITIONS/CHANGES TO OFFICERS AND DI		
TITLE PO NAME BELL FOOIF	☐ Delete	TITLE NAME		Chui	rch Street X	Change	
STREET ADDRESS COURTWAYS, HOLWOOD PK AV., KESTON PARK			T ADDRESS ST-ZIP	Dunstable, Bedfordshire LU5 4HB United Kingdom			
TITLE STD	☐ Delete	TITLE		Chur	rah Stroot	Change	
				Church Street Dunstable, Bedfordshire LU5 4HB United Kingdom			
TITLE NAME	□ Delete	TITLE NAME				Change	
STREET ADDRESS CITY-ST-ZIP		STREET CITY-S	T ADDRESS ST-ZIP				
TITLE NAME	☐ Delete	TITLE NAME				Change	
STREET ADDRESS			T ADDRESS				
TITLE	☐ Delete	TITLE				Change	
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET CITY-S	T ADDRESS				
TITLE	Delete	TITLE				Change	
NAME STREET ADDRESS		ı	T ADDRESS			}	
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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							