

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 30, 2002 8:00 am
Secretary of State
 09-30-2002 90180 045 ***550.00

DOCUMENT # F01000005494

1. Entity Name
VIC IMAGING CORP.

Principal Place of Business
5420 NEWPORT DRIVE, #59
ROLLING MEADOWS IL 60008

Mailing Address
5420 NEWPORT DRIVE, #59
ROLLING MEADOWS IL 60008



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5410 NEWPORT DRIVE

3. Mailing Address
5410 NEWPORT DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 3L

SUITE 3L

City & State

City & State

ROLLING MEADOWS, IL

ROLLING MEADOWS, IL

Zip

Country

Zip

Country

60008

LAKE

60008

LAKE

4. FEI Number **52-2225532**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PD
BEVERLY, THOMAS
5420 NEWPORT DRIVE, #59
ROLLING MEADOWS IL 60008

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
5410 NEWPORT DRIVE, #3L
ROLLING MEADOWS IL 60008

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VD
PISTACHHI, JOHN R
1126 PEDRICK COURT
SAN JOSE CA 95120

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
S
BEVERLY, JILL
5420 NEWPORT DRIVE, #59
ROLLING MEADOWS IL 60008

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
5410 NEWPORT DRIVE, #3L
ROLLING MEADOWS IL 60008

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

CR2E034 (4/02)

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #