FILED

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F0100006381 1. Entity Name RETRO-TECH SYSTEMS, INC.						Apr 29, 2002 8:00 am Secretary of State 04-29-2002 90011 042 ***150.00				
•	ce of Business E ROAD. #17-A 60438	Malling Address 2800 BERNICE ROAD. #17-A LANSING IL 60438								
2. Principal P	Place of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State				4. FEI Number 36-3912716 Applied For Not Applicable				
Zip	Country	Zip	Count	try	2	5. Certific	ate of Status Desired		8.75 Add	litional
	6. Name and Address of Current F	Registered Agent			-	7. Name a	and Address of New i			-
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				Name STUART KIRSCHT Street Address (P.O. Box Number is Not Acceptable)						
PLANTAT	ION FL 33324 ₹				999 GENIUS DRIVE					
				City ,	WINTE	ER PI	ARK	FL	Zip Code	189
SIGNATURE Struct & Wundt Struct E Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After May 1, 2002 Make Check Payable			!! FEE 02 Fee	IS \$150. will be \$5	50.00	10.	Election Campaign Fi Trust Fund Contribution	~ ~		0 May Be to Fees
11.	OFFICERS AND D		12.		,	ADDITIO	VS/CHANGES TO OFF	FICERS AND D	PIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MINKO, KURT 7900 WEST 82ND COURT CROWN POINT IN	☐ Delete						[Change	Addition
TITLE Name Street address City-St-Zip	VTD MAYNARD, GARY E 9120 SCHILLRON DRIVE ST. JOHN IN	☐ Delete		ET ADDRESS ST-ZIP				1	Change	☐ Addition
TITLENAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			ବ୍ୟବ 6	T KIR ENIUS IL PARI		[Change	Addition
TITLE Name Street address City-St-Zip		☐ Delete		T ADDRESS	up steve 1 11737 scottsc	N. 129	T th way 42 85259		Change	Addition
TITLE Name Street address (City-St-Zip		☐ Delete		T ADORESS ST-ZIP	:			[Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-	T ADDRESS ST-ZIP					Change	Addition
indicated of the cor	pertify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empow or on an attachment with an address, w	true and accurate and that m wered to execute this report	ny signati	ure shall ha	ave the sar	ne legal et	ffect as if made under	oath; that I am	an officer (or director

SIGNATURE:

Stoak Karua Required

4-16-02

407-679-5770