

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

0650375 AT

05-02-2003 90392 005 \*\*\*150.00

**DOCUMENT # F02000004736**

1. Entity Name  
**HANNA DESIGN GROUP, INC.**



Principal Place of Business  
**4301 WILMETTE AVENUE  
ROLLING MEADOWS IL 60008**

Mailing Address  
**4301 WILMETTE AVENUE  
ROLLING MEADOWS IL 60008**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-3872592**

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TRIM, KEVIN S  
5810 NORTH MONROE ST STE. 400  
TALLAHASSEE FL 32303**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CP	<input type="checkbox"/> Delete
NAME	HANNA, MICHAEL C	
STREET ADDRESS	143 COTTER LANE	
CITY-ST-ZIP	BARRINGTON IL 60010	
TITLE	D	<input type="checkbox"/> Delete
NAME	TESSAROLO, DANIEL	
STREET ADDRESS	607 WAINSFORD DR	
CITY-ST-ZIP	HOFFMAN ESTATES IL 60194	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOWARCHUK, DAVID	
STREET ADDRESS	1574 FARMSIDE LANE	
CITY-ST-ZIP	BOLINGBROOK IL 60490	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HANNA, DIANE R	
STREET ADDRESS	143 COTTER LANE	
CITY-ST-ZIP	BARRINGTON IL 60010	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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.

SIGNATURE: *Diane R. Hanna*  
DIANE R. HANNA - CEO

4/14/03 847-382-9126

Date Daytime Phone #

CR2E034 (10/02)