FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F0300000023 1. Entity Name Ther natax, Inc.			7 (L.E.) 04 30 (-7 6.1 4: 14
DO NOT WRITE IN THIS SPACE			JEONETHILL OF STATE TALLAHASSEE, FLORIDA
2. Principal Place of Business 3675 Communical Avanza	Suite. Apr. #, etc.		DO NOT WRITE IN THIS SPACE
City & State North Brook IL	City & State North from	4, 14	4. FEI Number 36-4190736 Applied For Not Applicable
Zip Country USA	Zip 6 0062	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE		Name Cor	7. Name and Address of Current Registered Agent Poration Scruice Company (P.O. Box Number is Not Acceptable) Hays Street
		City 10 //	Lehassee FL Zip Coge 3230/-2525
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. 1			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of	State	- The same of the same	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP COFFICERS AND I		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD2E048 (12/02)
NAME Charles Planker STREET ADDRESS 35 N. Green Baj Rd. CITY-ST-ZIP Lake Forest 1L 600'ts		NAME STREET ADDRESS CITY-ST-ZIP	
NAME Larry Fonders STREET ADDRESS 200 Greenwick for 3rd Floor CITY-ST-ZIP Greenwick, CT 06830		THILE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE HAME Docaples Boyd. STREET ADDRESS 11 th Lakeview Dr. CITY-SI-ZIP Hills boowagh CA 94010		TITLE NAME STREET ADDRESS CITY-SI-ZIP	IN THIS SPACE
TITLE RIC Cote STREET ADDRESS 2 201 Pacific Auc., #101 CITY-ST-ZIP San Fruicisco, CA 94115		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
NAME Or. Gerhard Sennesald STREET ADDRESS Schatz bogen 88, 081829 CITY-ST-ZIP Nunchen, Gernany		TITLE NAME STREET ADDRESS CITY-SI-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 on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE: SIGNATURE NO TYPED OR PRINTED NAME OF SIGNANG OFFICER ORDERS FOR			