

F05 0000004242

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

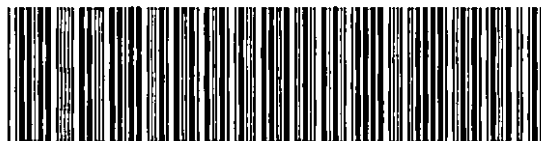
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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*old Resumes*

Dr. Bonutti,

- Please sign page 2 of the enclosed documents
- Please email a copy of the signed page to me at:  
lworkman@jointactivesystems.com  
or you can fax it to:  
217-540-7553
- Please use the enclosed label to mail the documents & payment to Division of Corporations
- This is to remove you as the CEO.

Happy  
Thanksgiving!

Thanks!

Lori Workman

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Joint Active Systems, Inc.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** F05000004242  
\_\_\_\_\_

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Lori Workman  
\_\_\_\_\_  
(Name of Person)

Joint Active Systems, Inc.  
\_\_\_\_\_  
(Name of Firm/Company)

2600 S. Raney Street  
\_\_\_\_\_  
(Address)

Effingham, IL 62401  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Lori Workman at (217) 342-3412 Ext 4706  
\_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303


**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Peter Bonutti, hereby resign as CEO  
(Title)

of Joint Active Systems, Inc.  
(Name of Corporation)

F05000004242, a corporation organized under the laws of the State of  
(Document Number, if known)

Illinois

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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