

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F93000000652**

1. Entity Name

**SCHUMACHER ELECTRIC CORPORATION****FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90189 038 \*\*\*150.00

Principal Place of Business  
801 BUSINESS CENTER DR  
MOUNT PROSPECT IL 60056  
US

Mailing Address  
801 BUSINESS CENTER DR  
MOUNT PROSPECT IL 60056-2179  
US

00011813



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>36-2093003</b>	Applied For <input type="checkbox"/> Not Applied
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country		

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**

THOMAS R SAWYER  
2081 E OCEAN BLVD.  
2ND FLOOR  
STUART FL 34996

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.

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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	DCPS	TITLE	
NAME	SCHUMACHER, DONALD A	NAME	
STREET ADDRESS	408 N. DEE RD.	STREET ADDRESS	
CITY-ST-ZIP	PARK RIDGE IL 60068	CITY-ST-ZIP	
TITLE	DT	TITLE	
NAME	CERNOHOZ, RALPH	NAME	
STREET ADDRESS	8638 DORY LANE	STREET ADDRESS	
CITY-ST-ZIP	WILLOW SPRINGS IL 60480	CITY-ST-ZIP	
TITLE	DVP	TITLE	
NAME	STEPHENS, BILL J	NAME	
STREET ADDRESS	1055 WEDGEWOOD DR.	STREET ADDRESS	
CITY-ST-ZIP	ELGIN IL 60123	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #