

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

08989898

DOCUMENT # F93000000697

1. Entity Name
AS NEVADA CORP.



FILED
03 APR 16 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**C/O 600 CENTRAL AVE
SUITE 365
HIGHLAND PARK IL 60035**

Mailing Address
**C/O 600 CENTRAL AVE
SUITE 365
HIGHLAND PARK IL 60035**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **88-0259558** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

FELNER, JAY
4182 LIVE OAK BLVD
DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

I, 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.

HIGHLAND PARK IL 60035

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDMAN, ROBERT U 600 CENTRAL AVE., #365 HIGHLAND PARK IL 60035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHWARTZBERG, ALBERT 50 MAIN STREET SUITE 435 WHITE PLAINS NY 10606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FELNER, JAY 4182 LIVE OAK BLVD DELRAY BEACH FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEFKOVITZ, EDWIN 253 E. DELAWARE, #10B CHICAGO IL 60611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NESHEK, THOMAS 14 E. WALWORTH ST. ELKHORN WI 53121
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WAGNER, SUSAN 600 CENTRAL AVE., #365 HIGHLAND PARK IL 60035

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Robert U. Goldman* **VP** **3/25/03** **(847) 432-3666**

4182 LIVE OAK BLVD
DELRAY BEACH FL 33445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)