

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000000739

1. Entity Name

AMERIHOST STAFFING, INC.

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90104 001 \*\*\*450.00

Principal Place of Business

Mailing Address

2400 E DEVON AVE.  
STE. 280  
DES PLAINES IL 60018

2400 E DEVON AVE.  
STE. 280  
DES PLAINES IL 60018-4617



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2355 S. Arlington Heights Rd

2355 S. Arlington Heights Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 400

Suite 400

City & State

City & State

Arlington Heights, Illinois

Arlington Heights, Illinois

Zip

Zip

Country

Country

60005

USA

60005

USA

4. FEI Number 36-3801278

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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 PD  
NAME HOLTZ, MICHAEL P  
STREET ADDRESS 968 MARSHALL DR.  
CITY-ST-ZIP DES PLAINES IL ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2355 S. Arlington Heights Rd #400  
CITY-ST-ZIP Arlington Heights, Illinois 60005

TITLE S  
NAME ARNSON, CRAIG S  
STREET ADDRESS 2400 E DEVON AVE SUITE 280  
CITY-ST-ZIP DES PLAINES IL 60018 ☒ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME TORCHIA, H ANDREW  
STREET ADDRESS 16 N 476 PENNY RD  
CITY-ST-ZIP BARRINGTON HILLS IL 60118 ☒ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T  
NAME DALE, JAMES B  
STREET ADDRESS 2400 E DEVON AVE SUITE 280  
CITY-ST-ZIP DES PLAINES IL 60018 ☐ Delete

TITLE S, T + D  
NAME Dale, James B.  
STREET ADDRESS 2355 S. Arlington Heights Rd #400  
CITY-ST-ZIP Arlington Heights, Illinois 60005 ☒ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 empowerments.

**JAMES B. DALE**

SIGNATURE:

*James B. Dale*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

3/22/00

Date

847-228-5400

Daytime Phone #

CR2E034 (9/99)