

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

04-11-2000 90232 041 \*\*\*150.00

**DOCUMENT # F93000001459**

1. Entity Name  
**STS PARTNER CORPORATION**

Principal Place of Business <b>3333 BEVERLY RD  D/768TAX B5-266A  HOFFMAN ESTATES IL 60719  US</b>	Mailing Address <b>3333 BEVERLY ROAD  D/768TAX.B5-220B/B  HOFFMAN ESTATES IL 60179-0001  US</b>
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number <b>36-3817598</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
City & State	City & State	Zip	Country

<b>6. Name and Address of Current Registered Agent</b> <b>C T CORPORATION SYSTEM  1200 SOUTH PINE ISLAND ROAD  PLANTATION FL 33324</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
--	---	---	------------------------------------

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>LACY, ALAN J.</b> <b>3333 BEVERLY RD.</b> <b>HOFFMAN ESTATES IL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>GUTTMAN, ROBERT</b> <b>3333 BEVERLY RD</b> <b>HOFFMAN ESTATES IL 60179</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VACANT</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>GARNANT, CAROL</b> <b>3333 BEVERLY ROAD</b> <b>HOFFMAN ESTATES IL 60179</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>BUKOLT, REBECCA</b> <b>3333 BEVERLY RD.</b> <b>HOFFMAN ESTATES IL 60179</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CONSTANTINE, JAMES</b> <b>3333 BEVERLY RD</b> <b>HOFFMAN ESTATES IL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VACANT</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>PENWAY, SUSAN</b> <b>3333 BEVERLY ROAD</b> <b>HOFFMAN ESTATES IL 60179</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VACANT</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Carol Garnant* **CAROL GARNANT** 4/5/00 849-286-9028  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)