

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 06, 2003 8:00 am**  
**Secretary of State**

05-06-2003 90055 018 \*\*\*150.00

0851070 AT

DOCUMENT # **F93000001459**

1. Entity Name  
**STS PARTNER CORPORATION**



Principal Place of Business  
**3333 BEVERLY RD  
D/768TAX B5-266A  
HOFFMAN ESTATES IL 60719  
US**

Mailing Address  
**3333 BEVERLY ROAD  
D/768TAX.B5-220B/B  
HOFFMAN ESTATES IL 60179  
US**



2. Principal Place of Business  
**3333 Beverly Rd.**

3. Mailing Address  
**3333 Beverly Rd.**

Suite, Apt. #, etc.  
**D/768TAX, B2-130B**

Suite, Apt. #, etc.  
**D/768TAX, B2-130B**

City & State  
**Hoffman Estates, IL**

City & State  
**Hoffman Estates, IL**

4. FEI Number **36-3817598**

Applied For  
Not Applicable

Zip **60179** Country **USA**

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

CHECK HERE IF MAKING CHANGES

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **PD**  Delete  
NAME **LACY, ALAN J.**  
STREET ADDRESS **3333 BEVERLY RD.**  
CITY-ST-ZIP **HOFFMAN, ESTATES IL**

TITLE **PD**  Change  Addition  
NAME **Glenn R. Richter**  
STREET ADDRESS **3333 Beverly Road**  
CITY-ST-ZIP **Hoffman Estates, IL 60179**

TITLE **AS**  Delete  
NAME **BUKOLT, REBECCA**  
STREET ADDRESS **3333 BEVERLY RD.**  
CITY-ST-ZIP **HOFFMAN ESTATES IL 60179**

TITLE **S**  Change  Addition  
NAME **April Hanes-Dowd**  
STREET ADDRESS **3333 Beverly Road**  
CITY-ST-ZIP **Hoffman Estates, IL 60179**

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

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: April Hanes-Dowd **April Hanes-Dowd** 4/30/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

ATTACHMENT

80114933  
F93000001459

**STS PARTNER CORPORATION  
OFFICERS AND BOARD OF DIRECTORS**

Directors	Address
Glenn R. Richter	3333 Beverly Rd., Hoffman Estates, IL 60179

Officers	Title	Address
Glenn R. Richter	President	3333 Beverly Rd. Hoffman Estates, IL 60179
April Hanes-Dowd	Secretary	3333 Beverly Rd. Hoffman Estates, IL 60179