

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

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90245 045 ***158.75

DOCUMENT # F93000001753

1. Entity Name

CORESOURCE, INC.



DO NOT WRITE IN THIS SPACE

11017238

2. Principal Place of Business
400 FIELD DRIVE

Suite, Apt. #, etc.

3. Mailing Address
400 FIELD DR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
LAKE FOREST, IL

Zip
60045

Country
US

City & State
LAKE FOREST, IL

Zip
60045

Country
US

4. FEI Number
35-1846036

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name
CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

City **PLANTATION** **FL** Zip Code **33324**

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **D**
NAME **PETERSON, DONALD M.** **DELETE**
STREET ADDRESS **400 FIELD DRIVE**
CITY-STATE-ZIP **LAKE FOREST, IL 60045**

TITLE **TD**
NAME **DAVID G. BERGMAN**
STREET ADDRESS **400 FIELD DRIVE**
CITY-STATE-ZIP **LAKE FOREST, IL 60045**

TITLE **PD**
NAME **SCHMIDT, MARK W.**
STREET ADDRESS **400 FIELD DRIVE**
CITY-STATE-ZIP **LAKE FOREST, IL 60045**

TITLE **S**
NAME **PRZYBYSZIEWSKI, SANDRA J.**
STREET ADDRESS **400 FIELD DRIVE**
CITY-STATE-ZIP **LAKE FOREST, IL 60045**

TITLE **D**
NAME **MARTIN, CHRISTOPHER J.**
STREET ADDRESS **400 FIELD DRIVE**
CITY-STATE-ZIP **LAKE FOREST, IL 60045**

TITLE **D.** **ADDITION**
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **D**
NAME **WARREN R. SCHREIER**
STREET ADDRESS **400 FIELD DRIVE**
CITY-STATE-ZIP **LAKE FOREST, IL 60045**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **Chairman**
NAME **MCDONOUGH, DAVID M.**
STREET ADDRESS **400 FIELD DRIVE**
CITY-STATE-ZIP **LAKE FOREST, IL 60045**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/03 (847) 283-4077

Date

Daytime Phone #

CR2E034B (12/02)