2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # F93000004082 Jul 19, 2000 8:00 am 1. Entity Name **Secretary of State** RBG INTERNATIONAL, INC. 07-19-2000 90006 048 ***550.00 Principal Place of Business Mailing Address 154 WEST HUBBARD STREET 154 WEST HUBBARD STREET **SUITE 250** SUITE 250 CHICAGO IL 60610 CHICAGO IL 60610 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEt Number 36-3872581 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6._Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) 😼 😘 📆 🔠 Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD Change Addition TITLE TITLE Delete GOLDFINE, ROBERT S NAME NAME STREET ADDRESS 154 WEST HUBBARD STREET STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP CHICAGO IL 60610 TITLE ☐ Delete TITLE Change ☐ Addition **BLOCK, BRUCE** NAME NAME STREET ADDRESS 154 WEST HUBBARD STREET STREET ADDRESS CITY-ST-ZIP CHICAGO IL 60610 CITY-ST-ZIP ☐ Delete Change ROSS, ROBERT NAME NAME STREET ADDRESS 154 WEST HUBBARD STREET STREET ADDRESS CITY-ST-ZIP CHICAGO IL 60610 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change MOHR. BARBARA NAME NAME STREET ADDRESS 154 WEST HUBBARD STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60610 ☐ Addition □ Defete TITI F Change TITLE ROSS, RENEE NAME NAME STREET ADDRESS 154 WEST HUBBARD STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP CHICAGO IL 60610 ☐ Change TITLE ☐ Delete TITLE ☐ Addition **BLOCK, ARLENE** NAME NAME STREET ADDRESS 154 WEST HUBBARD STREET STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP CHICAGO IL 60610 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.