

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90112 033 ***150.00

DOCUMENT # F94000000546

1. Entity Name
E.O.P.E., INC.

Principal Place of Business 400 OAKWOOD ROAD LAKE ZURICH IL 60047	Mailing Address 400 OAKWOOD ROAD LAKE ZURICH IL 60047
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number **36-2754021** Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CT 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
State 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 _____ 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. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	V	<input type="checkbox"/> Delete
NAME	ANDERSON, KENNETH R	
STREET ADDRESS	700 BENT RIDGE LANE	
CITY-ST-ZIP	ELGIN IL 60120	
TITLE	V	<input type="checkbox"/> Delete
NAME	RUND, JOSEPH V	
STREET ADDRESS	6214 PINE CONE COURT	
CITY-ST-ZIP	LONG GROVE IL 60047	
TITLE	V	<input type="checkbox"/> Delete
NAME	OBRINGER, DANIEL J.	
STREET ADDRESS	2333 IROQUOIS DR.	
CITY-ST-ZIP	GLENVIEW IL	
TITLE	V	<input type="checkbox"/> Delete
NAME	WILL, LAWRENCE N.	
STREET ADDRESS	1502 PINE	
CITY-ST-ZIP	SPRING GROVE IL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BLY, STEVEN M	
STREET ADDRESS	400 OAKWOOD RD	
CITY-ST-ZIP	LAKE ZURICH IL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Yasuhiko Kitazume	
STREET ADDRESS	400 Oakwood Road	
CITY-ST-ZIP	Lake Zurich, IL 60047	
TITLE	VP/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shohei Kitazawa	
STREET ADDRESS	27051 West Lake Shore Drive	
CITY-ST-ZIP	Barrington, IL 60010	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kokichi Tadano	
STREET ADDRESS	400 Oakwood Road	
CITY-ST-ZIP	Lake Zurich, IL 60047	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE: Daniel J. Obringer / DANIEL J. OBRINGER 3/28/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)