

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

**FILED**  
**Mar 18, 2003 8:00 am**  
**Secretary of State**

03-18-2003 90066 043 \*\*\*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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-2754021**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

**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

**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**

TITLE	V	<input type="checkbox"/> Delete
NAME	<b>ANDERSON, KENNETH R</b>	
STREET ADDRESS	<b>700 BENT RIDGE LANE</b>	
CITY-ST-ZIP	<b>ELGIN IL 60120</b>	
TITLE	V	<input type="checkbox"/> Delete
NAME	<b>RUND, JOSEPH V</b>	
STREET ADDRESS	<b>6214 PINE CONE COURT</b>	
CITY-ST-ZIP	<b>LONG GROVE IL 60047</b>	
TITLE	V	<input type="checkbox"/> Delete
NAME	<b>OBRINGER, DANIEL J.</b>	
STREET ADDRESS	<b>2333 IROQUOIS DR.</b>	
CITY-ST-ZIP	<b>GLENVIEW IL</b>	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	<b>WILL, LAWRENCE N.</b>	
STREET ADDRESS	<b>1502 PINE</b>	
CITY-ST-ZIP	<b>SPRING GROVE IL</b>	
TITLE	V	<input type="checkbox"/> Delete
NAME	<b>BLY, STEVEN M</b>	
STREET ADDRESS	<b>400 OAKWOOD RD</b>	
CITY-ST-ZIP	<b>LAKE ZURICH IL</b>	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	<b>KITAZUME, YASUHIKO</b>	
STREET ADDRESS	<b>400 OAKWOOD ROAD</b>	
CITY-ST-ZIP	<b>LAKE ZURICH IL 60047</b>	

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

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		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Takashi Tanaka</i>	
STREET ADDRESS	<i>400 Oakwood Road</i>	
CITY-ST-ZIP	<i>Lake Zurich, IL 60047</i>	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Fahney, Joseph F.</i>	
STREET ADDRESS	<i>400 Oakwood Road</i>	
CITY-ST-ZIP	<i>Lake Zurich, IL 60047</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Tasaki, Takanobu</i>	
STREET ADDRESS	<i>400 Oakwood Road</i>	
CITY-ST-ZIP	<i>Lake Zurich, IL 60047</i>	

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:

*Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/1/03 (847)540-8400*  
Date Daytime Phone #

CP2E034 (10/02)