

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 15 1998 8:00am  
Secretary of State

DOCUMENT # **F95000002211 (9)**  
1. Corporation Name

**PROFICIENT BUSINESS SYSTEMS, INC.**



Principal Place of Business

**105 ANNE COURT  
VERNON HILLS IL 60061  
US**

Mailing Address

**105 ANNE COURT  
VERNON HILLS IL 60061  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/05/1995**

2. Principal Place of Business

**21 10 W PHILLIP ROAD**

Suite, Apt. #, etc.

**22 SUITE 101**

City & State

**23 VERNON HILLS, IL**

Zip

**24 60061**

Country

**25 US**

2a. Mailing Address

**26 10 W PHILLIP ROAD**

Suite, Apt. #, etc.

**27 SUITE 101**

City & State

**28 VERNON HILLS, IL**

Zip

**29 60061**

Country

**30 US**

4. FEI Number

**36-3984423**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**WOLFE, LARRY  
200 A JOHN KNOX ROAD  
TALLAHASSEE FL 32303**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE  
NAME **KATHURIA NEERU**  
STREET ADDRESS **105 ANNE COURT**  
CITY-ST-ZIP **VERNON HILLS IL**

TITLE **V** ☐ DELETE  
NAME **KATHURIA ASHISH**  
STREET ADDRESS **105 ANNE COURT**  
CITY-ST-ZIP **VERNON HILLS IL**

TITLE **S** ☐ DELETE  
NAME **VARSHNEY, RATISH**  
STREET ADDRESS **1323 SUMMIT DR. #A**  
CITY-ST-ZIP **CHARLESTON WV 25302**

TITLE **C** ☐ DELETE  
NAME **VARSHNEY, SADHNA**  
STREET ADDRESS **1323 SUMMIT DR. #A**  
CITY-ST-ZIP **CHARLESTON WV 25302**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS **365 ASHWOOD CT**  
3.4 CITY-ST-ZIP **VERNON HILLS, IL 60061**

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS **365 ASHWOOD CT**  
4.4 CITY-ST-ZIP **VERNON HILLS, IL 60061**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**(ASHISH KATHURIA)**

**7/7/98**

**(847) 247 8470**

CR2E034 (5/98)