

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003261

1. Entity Name

MARKET U.S.A., INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90119 008 ***150.00

Principal Place of Business

Mailing Address

2200 E DEVON
STE 200
DES PLAINES IL 60018
US

2200 E DEVON
STE 200
DES PLAINES FL 60018-4501
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-3612376

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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 C
NAME OKNER, SEYMOUR N
STREET ADDRESS 2200 E DEVON
CITY-ST-ZIP DES PLAINES IL ☒ Delete

TITLE SD
NAME MAGID, RICHARD
STREET ADDRESS 5980 W TOUITY
CITY-ST-ZIP NILES IL ☒ Delete

TITLE DT
NAME KILREA, GREGORY
STREET ADDRESS 5980 W TOUITY
CITY-ST-ZIP NILES IL ☐ Delete

TITLE EDMUND VESELY CEO
NAME 5341 Tall Tree CT
STREET ADDRESS Lisle, IL ☐ Delete

TITLE HOWARD REGENBAUM VP FIN
NAME 1422 Hackberry Rd
STREET ADDRESS Deerfield IL
CITY-ST-ZIP 60015 ☐ Delete

TITLE TIMOTHY CASEY COO
NAME 9518 S Lawndale Ave
STREET ADDRESS Evergreen Park IL
CITY-ST-ZIP 60805 ☐ Delete

TITLE BARTON ZELER
NAME 1730 Overland Trail
STREET ADDRESS Deerfield IL 60015 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/2000

5478031900

Daytime Phone #

CR2E034 (9/99)