

2001 UNIFORM BUSINESS REPORT.(UBR)

DOCUMENT # **F 95000003261**

1. Entity Name

Market U.S.A., Inc.

Principal Place of Business

**2200 E. Devon, Suite 200
Des Plaines, IL 60018**

Mailing Address

Same

2. Principal Place of Business

Same as above

Suite, Apt. #, etc.

3. Mailing Address

Same as above

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CT Corporation System
1200 S. Pine Island Road
Plantation, FL 33324**

7. Name and Address of New Registered Agent

Name

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

500004609695-9

-09/25/01--01015--001

City

*****550.00 FL ***550.00**

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

Carrie Bryan Carrie Bryan Special Asst. Sec.

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

(NOTE: Registered Agent signature required when reinstating)

9-17-01

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, 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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D / P
STREET ADDRESS	Ed Vesely
CITY-ST-ZIP	2200 E. Devon, Suite 200 Des Plaines, IL 60018
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S / D
STREET ADDRESS	Chuck Klotz
CITY-ST-ZIP	2200 E. Devon, Suite 200, Des Plaines, IL 60018
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D
STREET ADDRESS	Daniel Julien
CITY-ST-ZIP	2200 E. Devon, Suite 200 Des Plaines, IL 60018
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D
STREET ADDRESS	Christophe Allard
CITY-ST-ZIP	2200 E. Devon, Suite 200, Des Plaines, IL 60018
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D
STREET ADDRESS	Dominic Dato
CITY-ST-ZIP	2200 E. Devon, Suite 200 Des Plaines, IL 60018
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D
STREET ADDRESS	Jacques Berrebi
CITY-ST-ZIP	2200 E. Devon, Suite 200, Des Plaines, IL 60018

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:

Edmund R. Vesely

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/01

Date

847 803 1900

Daytime Phone #

CR2E034 (11/00)

FILED

01 SEP 17 PM 2:14

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**