

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90127 040 ***150.00

0509173 AI

DOCUMENT # F95000003307

1. Entity Name

FLORISTS' TRANSWORLD DELIVERY, INC.

Principal Place of Business

**3113 WOODCREEK DR
 DOWNERS GROVE IL 60515
 US**

Mailing Address

**3113 WOODCREEK DR
 DOWNERS GROVE IL 60515
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

38-0546960

Applied For

Not Applicable

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 SOUTH 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, 2002 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PCEO
 NORTON, ROBERT L
 3113 WOODCREEK DRIVE
 DOWNERS GROVE IL 60515** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
P/CEO/C ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**CAO
 PICCIRILLO, FRANCIS
 3113 WOODCREEK DRIVE
 DOWNERS GROVE IL 60515** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**CFO
 Carrie Wolfe
 3113 Woodcreek Drive
 Downers Grove, IL 60515** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PCEO
 NORTON, ROBERT L
 24 COMMONWEALTH RD.
 WATERTOWN MA** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**V/S
 Jon Burney
 3113 Woodcreek Drive
 Downers Grove, IL 60515** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VCFO
 PICCIRILLO, FRANCIS C
 3113 WOODCREEK DR
 DOWNERS GROVE IL 60516** ☒ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VP
 RASMUSSEN, TIMOTHY M
 3113 WOODCREEK DRIVE
 DOWNERS GROVE IL 60515** ☒ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**C
 PERRY, NORTON L
 3113 WOODCREEK DRIVE
 DOWNERS GROVE IL 60515** ☒ Delete

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

Carrie Wolfe
 Carrie Wolfe

4/23/02

(630) 719-7800

CR2E034 (9/01)