**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **F95000003964 (2)**

1. Corporation Name

**UNITED INFORMATION TECHNOLOGIES CORPORATION**

| Principal Place of Business | Mailing Address |
|---|---|
| 1051 PERIMETER DR.<br>STE 550<br>SCHAUMBERG IL 60173-5059 | 1051 PERIMETER DR.<br>STE 550<br>SCHAUMBERG IL 60173-5059 |

3. Date Incorporated or Qualified: **08/16/1995**
3a. Date of Last Report:
4. FEI Number: **36-3551935** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21) Street, Apt. #, etc. (22) City & State (23) Zip (24) County (25)

2a. Mailing Address (26) Street, Apt. #, etc. (27) City & State (28) Zip (29) County (30)

9. Name and Address of Current Registered Agent

**PRENTICE HALL LEGAL & FINANCIAL SERVICES**
**1201 HAYS STREET**
**TALLAHASSEE FL 32301**

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 607.1501 and 617.1503, 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

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | PTD | ☐ DELETE | 1 TITLE | ☐ Change ☐ Addition |
| NAME | GELLER, GLORIA | | 1a NAME | |
| STREET ADDRESS | 1051 PERIMETER DR., STE 550 | | 1b STREET ADDRESS | |
| CITY-ST-ZIP | SCHAUMBERG IL | | 1c CITY-ST-ZIP | |
| TITLE | VS | ☐ DELETE | 2 TITLE | ☐ Change ☐ Addition |
| NAME | MARSLEK, JACOB W | | 2a NAME | |
| STREET ADDRESS | 1051 PERIMETER DR., STE 550 | | 2b STREET ADDRESS | |
| CITY-ST-ZIP | SCHAUMBERG IL | | 2c CITY-ST-ZIP | |
| TITLE | D | ☐ DELETE | 3 TITLE | ☐ Change ☐ Addition |
| NAME | SCHULZ, JENNIFER M | | 3a NAME | |
| STREET ADDRESS | 1051 PERIMETER DR., STE 550 | | 3b STREET ADDRESS | |
| CITY-ST-ZIP | SCHAUMBERG IL | | 3c CITY-ST-ZIP | |
| TITLE | V | ☐ DELETE | 4 TITLE | ☐ Change ☐ Addition |
| NAME | YUSIM, ALLAN L | | 4a NAME | |
| STREET ADDRESS | 150 SOUTH WACKER DR., STE 900 | | 4b STREET ADDRESS | |
| CITY-ST-ZIP | CHICAGO IL | | 4c CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 5 TITLE | ☐ Change ☐ Addition |
| NAME | | | 5a NAME | |
| STREET ADDRESS | | | 5b STREET ADDRESS | |
| CITY-ST-ZIP | | | 5c CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 6 TITLE | ☐ Change ☐ Addition |
| NAME | | | 6a NAME | |
| STREET ADDRESS | | | 6b STREET ADDRESS | |
| CITY-ST-ZIP | | | 6c CITY-ST-ZIP | |

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not apply, 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 business entity appointed by the court to file this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added to this report with an address.

**SIGNATURE:** Gloria Geller 4/9/96 847 706 1308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #