

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003964

1. Entity Name

UNITED INFORMATION TECHNOLOGIES CORPORATION

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90082 021 \*\*\*150.00

Principal Place of Business

Mailing Address

PERIMETER DR.

1051 PERIMETER DR.

550

STE 550

SCHAUMBURG IL 60173-5059

SCHAUMBURG IL 60173-5807

2. Principal Place of Business

3. Mailing Address

1000 Hart Road

1000 Hart Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 220

Suite 220

City & State

City & State

Barrington, IL

Barrington, IL

Zip

Country

Zip

Country

60010

60010

6. Name and Address of Current Registered Agent

4. FEI Number

36-3551935

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of New Registered Agent

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 ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

PTD ☐ Delete

GELLER, GLORIA

1051 PERIMETER DR., STE 550

SCHAUMBURG IL

V ☐ Delete

YUSIM, ALLAN L

150 SOUTH WACKER DR., STE 900

CHICAGO IL

S ☐ Delete

JANEC, DONNA

150 PERIMETER DR STE 550

SCHAUMBURG IL 60173

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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

ALLAN L. YUSIM, V.P. Legal

Date

4/11/00

Daytime Phone #

CR2E034 (9/99)