

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90064 019 ***150.00

DOCUMENT # F95000004852

1. Entity Name

EFFICIENT MARKET SERVICES, INC.

Principal Place of Business

Mailing Address

106 WILMOT RD
 STE 400
 DEERFIELD IL 60015

106 WILMOT RD
 STE 400
 DEERFIELD IL 60015

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 **36-3764981**

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDB Director	<input checked="" type="checkbox"/> Delete
NAME	LEVY, WAYNE	
STREET ADDRESS	106 WILMOT RD STE 400	
CITY-ST-ZIP	DEERFIELD IL 60015	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BARON, PENNY	
STREET ADDRESS	106 WILMOT RD STE 400	
CITY-ST-ZIP	DEERFIELD IL 60015	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	RENFREE, MARK	
STREET ADDRESS	106 WILMOT RD STE 400	
CITY-ST-ZIP	DEERFIELD IL 60015	
TITLE	D	<input type="checkbox"/> Delete
NAME	VAN AUKEN, VAN	
STREET ADDRESS	2800 SAND HILL RD	
CITY-ST-ZIP	MENLO PARK CA 94025	
TITLE	D	<input type="checkbox"/> Delete
NAME	AMOCHAEV, TANIA	
STREET ADDRESS	2354 MILL CREEK LANE	
CITY-ST-ZIP	HEALDSBURG CA 95448	
TITLE	D	<input type="checkbox"/> Delete
NAME	WINCHELL, BLAKE	
STREET ADDRESS	50 FREEMONT ST	
CITY-ST-ZIP	SAN FRANCISCO CA 94105	

TITLE	President, CEO, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sentell, Susan	
STREET ADDRESS	106 Wilmot Rd. Suite 400	
CITY-ST-ZIP	Deerfield, IL 60015	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Berger, Chuck	
STREET ADDRESS	10590 North Tantan Avenue	
CITY-ST-ZIP	Cupertino, CA 95014	
TITLE	Director, Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Levy, Wayne	
STREET ADDRESS	106 Wilmot Rd, Suite 400	
CITY-ST-ZIP	Deerfield, IL 60015	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2E034 (10/00)