

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000006134

1. Entity Name

SITCO INCORPORATED

**FILED**  
**Jul 25, 2000 8:00 am**  
**Secretary of State**

07-25-2000 90094 028 \*\*\*550.00

Principal Place of Business

3456 N RIDGE AVE  
SUITE 100  
ARLINGTON HEIGHTS IL 60004  
US

Mailing Address

3456 N RIDGE AVE  
SUITE 100  
ARLINGTON HEIGHTS IL 60004  
US

2. Principal Place of Business

75 MILFORD RD.

3. Mailing Address

75 MILFORD RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HUDSON, OH

City & State

HUDSON, OH

4. FEI Number

94-3136507

Applied For

Not Applicable

Zip

44236

Country

Summit

Zip

44236

Country

Summit

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

*Donald G. Broomfield*

07/13/00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>HOVSEPIAN, MICHAEL S JR<br>3456 N RIDGE AVE, SUITE 100<br>ARLINGTON HEIGHTS IL 60004 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>MCCARTHY, ROBERT<br>3456 N RIDGE AVE, SUITE 100<br>ARLINGTON HEIGHTS IL 60004        | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CFOT<br>BROOMFIELD, DONALD G<br>75 MILFORD RD.<br>HUDSON OH 44236                         | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>MILLER, MICHAEL A<br>75 MILFORD RD.<br>HUDSON OH 44236                               | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                           | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                           | <input type="checkbox"/> Delete            |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                                                |                                                                         |                                                                              |
|------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PRESIDENT<br>DONALD G. BROOMFIELD<br>75 MILFORD RD.<br>HUDSON, OH 44236 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SECRETARY<br>STEPHEN C. LUGG<br>4730 SHAWAN RD.<br>WILLOUGHBY, OH 44094 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> 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:

*Donald G. Broomfield*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/13/00

Date

330-656-5174

Daytime Phone #