

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

APPROVED
AND
FILED

95 SEP -4 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000006330 (3)

1. Corporation Name

ARC ADVANTAGE, INC.

Principal Place of Business

Mailing Address

75 TRI-STATE INTERNATIONAL #100
LINCOLNSHIRE IL 60069

75 TRI-STATE INTERNATIONAL #100
LINCOLNSHIRE IL 60069

3. Date Incorporated or Qualified
12/29/1995

3a. Date of Last Report
N/A - 1st Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
APPLIED FOR 36-4055056

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 607.0502 and 607.1508, 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

Signature, typed or printed name of registered agent and (if not applicable)

(If not applicable, Registered Agent's signature required when removing agent)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DCP
NAME KANE, LARRY
STREET ADDRESS 75 TRI-STATE INTERNATIONAL #100
CITY-ST-ZIP LINCOLNSHIRE IL 60069 ☐ DELETE

TITLE D
NAME MASINI, SILVIA
STREET ADDRESS 75 TRI-STATE INTERNATIONAL #100
CITY-ST-ZIP LINCOLNSHIRE IL 60069 ☐ DELETE

TITLE D
NAME LAMERS, BRAD
STREET ADDRESS 75 TRI-STATE INTERNATIONAL #100
CITY-ST-ZIP LINCOLNSHIRE IL 60069 ☐ DELETE

TITLE VST
NAME CARLSON, ROBERT
STREET ADDRESS 75 TRI-STATE INTERNATIONAL #100
CITY-ST-ZIP LINCOLNSHIRE IL 60069 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

300001943263
-09/17/96--01110--013
****375.00 ****375.00
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, and further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRAD LAMERS

8/20/96

847-317-1000

CR2E034 (3/96)