

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000000080

1. Entity Name

DELAWARE ARC SERVICE INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90053 043 ***150.00

Principal Place of Business

Mailing Address

100 TRI-STATE INTERNATIONAL
SUITE 300
LINCOLNSHIRE IL 60069
US

100 TRI-STATE INTERNATIONAL
SUITE 300
LINCOLNSHIRE IL 60069
US

2. Principal Place of Business

600 HART ROAD
Suite, Apt. #, etc.
SUITE 300

3. Mailing Address

600 HART ROAD
Suite, Apt. #, etc.
SUITE 300

City & State

BARRINGTON, IL

City & State

BARRINGTON, IL

Zip

60010

Country

USA

Zip

60010

Country

USA

4. FEI Number

36-4055059

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

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

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 DC
NAME HIPP, RAYMOND ☐ Delete
STREET ADDRESS 100 TRI-STATE INTERNATIONAL #300
CITY-ST-ZIP LINCOLNSHIRE IL 60069

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 600 HART ROAD, #300
CITY-ST-ZIP BARRINGTON, IL 60010

TITLE VST
NAME LAMERS, BRAD ☐ Delete
STREET ADDRESS 100 TRI-STATE INTERNATIONAL #300
CITY-ST-ZIP LINCOLNSHIRE IL 60069

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 600 HART ROAD, #300
CITY-ST-ZIP BARRINGTON, IL 60010

TITLE DP
NAME CARLSON, ROBERT ☒ Delete
STREET ADDRESS 100 TRI-STATE INTERNATIONAL #300
CITY-ST-ZIP LINCOLNSHIRE IL 60069

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME PURCELL, STEVEN ☐ Delete
STREET ADDRESS 100 TRI-STATE INTERNATIONAL #300
CITY-ST-ZIP LINCOLNSHIRE IL 60069

TITLE ☒ Change ☐ Addition
NAME DIR PRES/ SECY
STREET ADDRESS 600 HART ROAD, #300
CITY-ST-ZIP BARRINGTON

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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 info empowered.

SIGNATURE



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRANEV LAMERS, VP/SEC/TREA 3-29-00

Date

Daytime Phone #

(847)381-6701

CR2E034 (9/99)