

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2001 8:00 am**  
**Secretary of State**

05-24-2001 90321 046 \*\*\*150.00

558248

DO NOT WRITE IN THIS SPACE

DOCUMENT # F96000001797

1. Entity Name

One 2 One, Inc.

Principal Place of Business

6115 W. Fullerton Ave.  
 Chicago, IL 60639

Mailing Address

c/o Applied Graphics  
 450 West 33rd Street  
 11th Floor  
 New York, NY 10001

2. Principal Place of Business

6115 W. Fullerton Ave.

Suite, Apt. #, etc.

3. Mailing Address

c/o Applied Graphics  
 450 W. 33rd Street

Suite, Apt. #, etc.

11th Floor

City & State

Chicago, IL

City & State

New York, NY

4. FEI Number

36-4071064

Applied For

Not Applicable

Zip

60639

Country

USA

Zip

10001

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT 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

Signature, typed or printed name of registered agent and title if applicable.

(NOT)

Registered Agent's 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, 2011 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

TITLE	dc	<input type="checkbox"/> Delete
NAME	Drasner, Fred	
STREET ADDRESS	450 West 33rd Street	
CITY-ST-ZIP	New York, NY 10001	
TITLE	DEVP	<input type="checkbox"/> Delete
NAME	Krall, Martin D.	
STREET ADDRESS	450 West 33rd Street	
CITY-ST-ZIP	New York, NY 10001	
TITLE	DEVP	<input checked="" type="checkbox"/> Delete
NAME	Salamone, Louis Jr.	
STREET ADDRESS	450 West 33rd Street	
CITY-ST-ZIP	New York, NY 10001	
TITLE	CCFO	<input checked="" type="checkbox"/> Delete
NAME	Obernauer, Marne Jr.	
STREET ADDRESS	450 Park Ave, Suite 2001	
CITY-ST-ZIP	New York, NY 10022	
TITLE	DCOO	<input checked="" type="checkbox"/> Delete
NAME	Pinzole, John	
STREET ADDRESS	6115 Official Road	
CITY-ST-ZIP	Crystal Lake, IL 60014	
TITLE	VPAS	<input checked="" type="checkbox"/> Delete
NAME	Buonfiglio, Nat	
STREET ADDRESS	450 West 33rd Street	
CITY-ST-ZIP	New York, NY 10001	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DEVPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	b/EVP/CCFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vecchiolla, Joseph D.	
STREET ADDRESS	450 West 33rd Street	
CITY-ST-ZIP	New York, NY 10001	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nardulli, Ettore	
STREET ADDRESS	6115 Official Road	
CITY-ST-ZIP	Crystal Lake, IL 60014	
TITLE	VP/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Grady, Patrick	
STREET ADDRESS	450 West 33rd Street	
CITY-ST-ZIP	New York, NY 10001	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kingsley, Bonni	
STREET ADDRESS	450 West 33rd Street	
CITY-ST-ZIP	New York, NY 10001	

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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report or 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

Martin D. Krall

Date

4/27/01

Daytime Phone #

212-210-6314

CR2E034 (11/00)