

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F97000001316**

1. Entity Name

**HOUSEHOLD BUSINESS SERVICES, INC.****FILED**  
**Feb 11, 2000 8:00 am**  
**Secretary of State**

02-11-2000 90026 029 \*\*\*150.00

Principal Place of Business

Mailing Address

**2700 SANDERS RD  
PROSPECT HEIGHTS IL 60070****2700 SANDERS RD  
PROSPECT HEIGHTS IL 60070-2701**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **36-3798202**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 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

TITLE	<b>VPT</b>	<input type="checkbox"/> Delete
NAME	<b>MOSS, JR, B.B.</b>	
STREET ADDRESS	<b>2700 SANADERS ROAD</b>	
CITY-ST-ZIP	<b>PROSPECT HEIGHTS IL 60070</b>	
TITLE	<b>VPGC</b>	<input type="checkbox"/> Delete
NAME	<b>MORRIS, L.J.</b>	
STREET ADDRESS	<b>2700 SANDERS ROAD</b>	
CITY-ST-ZIP	<b>PROSPECT HEIGHTS IL 60070</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>FRIEDRICH, D A</b>	
STREET ADDRESS	<b>2700 SANDERS RD</b>	
CITY-ST-ZIP	<b>PROSPECT HEIGHTS IL 60070</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>DELUCA, M A</b>	
STREET ADDRESS	<b>2700 SANDERS RD</b>	
CITY-ST-ZIP	<b>PROSPECT HEIGHTS IL 60070</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>FATINA, D.J.</b>	
STREET ADDRESS	<b>2700 SANDERS ROAD</b>	
CITY-ST-ZIP	<b>PROSPECT HEIGHTS IL 60070</b>	
TITLE	<b>VPCD</b>	<input type="checkbox"/> Delete
NAME	<b>KORTE, C.M.</b>	
STREET ADDRESS	<b>2300 SANDERS ROAD</b>	
CITY-ST-ZIP	<b>PROSPECT HEIGHTS IL 60070</b>	

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>SEE ATTACHED SCHEDULE</b>	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" 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 I am empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**JOSEPH M. ANGELO** **2/3/2000** **(847) 841-1058**  
Date Daytime Phone #

497000001316

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HOUSEHOLD BUSINESS SERVICES, INC.  
Directors & Officers

July 26, 1999

Director	D. J. Fatina
Director	D. A. Friedrich
Director	C. K. Worwa
President	D. A. Friedrich
Vice President	M. A. DeLuca
Vice President	D. J. Fatina
Vice President & Controller	C. K. Worwa
Vice President, General Counsel & Secretary	L. J. Morris
Vice President & Treasurer	B. B. Moss, Jr.
<del>Vice President</del>	<del>G. O. Wilson</del>
Assistant Secretary	M. A. Ainslie
Assistant Secretary	J. M. Angelo
Assistant Secretary	M. J. Genz
Assistant Secretary	V. A. Voltz
Assistant Secretary	M. E. Winslow

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