FILED Feb 04, 2002 8:00 am **Secretary of State**

02-04-2002 90116 032 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

F97000001439

DOCUMENT # 1. Entity Name

AIR STORES, INC.

Principal Place of Business

193 N. MARION ST.

OAK PARK IL 60301

Mailing Address

193 N. MARION ST. OAK PARK IL 60301

| 2. Principal Place of Business | 3. Mailing Address | |
|--------------------------------|---------------------|--|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | |
| 0.1.0.1. | | |



DO NOT WRITE IN THIS SPACE

| City & State | | City & State | | | 4. FEI Number 36-3576018 | Applied For Not Applicable | |
|---|---------|--------------|---|--------------------------|-------------------------------------|-----------------------------------|--|
| Zip | Country | Zip | Coun | try | 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 | | | | |
| HAMPTON, MARGEL 2531 GOLF VIEW DI | JRITE | | | _Name_ Street Address | (P.O. Box Number is Not Acceptable) | - | |

WESTON FL 33327

| | | Oily . |
|----|---|--|
| 8. | The above named entity submits this statement for the purpose of changing its registere | ed 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) |

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

| (See Citte | ma on back) | Make Check Payable | to Department | t of State | | | |
|--|--|--------------------|---------------------------------------|---|--|-------------------|------------|
| 11. OFFICERS AND DIRECTORS | | | 12. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | PTD STONE-LITTLES, CORLISS 601 N. 1ST AVE. MAYWOOD IL 60153 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | STONE-LI 1001 Lak | nt, Treasurer & Director FTTLES, CORLISS GE Forest Drive GE, TX 76092 | X ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S FOSTER, HATTIE A 639 OAK PARK MAYWOOD IL 60302 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice Pre FOSTER, 639 Wash | esident & Secretary HATTIE A. nington Blvd. K. IL 60302 | ⊠ Change | Addition |
| _TITLE NAME STREET ADDRESS CITY-ST-ZIP | · | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | CHAN LINE | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-7IP | | | ☐ Change | ☐ 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: