

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000002247

1. Entity Name

APPLIED PAVEMENT TECHNOLOGY, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90047 050 ***150.00

Principal Place of Business

1606 WILLOW VIEW RD. SUITE 2-F
URBANA IL 61802

Mailing Address

1606 WILLOW VIEW RD. SUITE 2-F
URBANA IL 61802

2. Principal Place of Business

3001 Research Rd. Ste. C
Suite, Apt. #, etc.

3. Mailing Address

3001 Research Rd. Ste. C
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Champaign, IL 61822

City & State

Champaign, IL 61822

4. FEI Number

37-1337400

Applied For

Not Applicable

Zip

61822

Country

USA

Zip

61822

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORROW, JAMES E
2519 MCMULLEN BOOTH RD, SUITE 510-S
CLEARWATER FL 34621

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.

(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, 2001 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 CPT
NAME ZIMMERMAN, KATHRYN A
STREET ADDRESS 1606 WILLOW VIEW RD, SUITE 2-F
CITY-ST-ZIP URBANA IL 61802 ☐ Delete

TITLE SV
NAME PESHKIN, DAVID G
STREET ADDRESS 17W703 BUTTERFIELD RD, SUITE A
CITY-ST-ZIP OAKBROOK TERRACE IL 60181 ☐ Delete

TITLE V
NAME BROTEN, MARGARET R
STREET ADDRESS 439 EDGEWOOD DR
CITY-ST-ZIP AMBLER PA 19002 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 3001 Research Rd., Suite C
CITY-ST-ZIP Champaign, IL 61822

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

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 3001 Research Rd., Suite C
CITY-ST-ZIP Champaign, IL 61822

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

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

TITLE NAME ☐ Change ☐ Addition
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 like empowered.

SIGNATURE:

Kathryn Zimmerman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

217-398-3977

Date

Daytime Phone #

CR2E034 (10/00)