## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 20, 2002 8:00 am F97000002247 DOCUMENT # **Secretary of State** 1. Entity Name 02-20-2002 90049 030 \*\*\*150.00 APPLIED PAVEMENT TECHNOLOGY, INC. Principal Place of Business Mailing Address 3001 RESEARCH ROAD STE C 3001 RESEARCH ROAD STE C CHAMPAIGN IL 61822 CHAMPAIGN IL 61822 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 37-1337400 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MORROW, JAMES E Street Address (P.O. Box Number is Not Acceptable) 2519 MCMULLEN BOOTH RD, SUITE 510-S CLEARWATER FL 34621 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ZIMMERMAN, KATHRYN A NAME STREET ADDRESS 3001 RESEARCH ROAD STE C STREET ADDRESS CITY-ST-7IP **CHAMPAIGN IL 61822** CITY-ST-ZIP XXChange TITLE ☐ Delete TITLE Addition NAME PESHKIN, DAVID G NAME 3010 Woodcreek Dr., Ste. J STREET ADDRESS STREET ADDRESS 17W703 BUTTERFIELD RD. SUITE A CITY-ST-ZIP CITY-ST-ZIP Downers Grove, IL 60515 OAKBROOK TERRACE IL 60181 TITLE ☐ Delete TITLE Change Addition NAME NAME BROTEN, MARGARET R STREET ADDRESS STREET ADDRESS 3001 RESEARCH ROAD STE C CITY-ST-ZIP CITY-ST-7iP **CHAMPAIGN IL 61822** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

1/31/02

217-398-3977

Daytime Phone #

Date

FILED

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