

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90957 001 ***450.00

001/2563 AV

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1. Entity Name
RAULAND-BORG CORPORATION OF FLORIDA



Principal Place of Business
**474 SOUTH NORTH LAKE BLVD., STE. 1016
ALTAMONTE SPRINGS FL 32701**

Mailing Address
**474 SOUTH NORTH LAKE BLVD., STE. 1016
ALTAMONTE SPRINGS FL 32701**



2. Principal Place of Business
620 Douglas Avenue

3. Mailing Address
620 Douglas Avenue

Suite, Apt. #, etc.
Suite 1316

Suite, Apt. #, etc.
Suite 1316

CHECK HERE IF MAKING CHANGES

City & State
Altamonte Springs, FL

City & State
Altamonte Springs, FL

4. FEI Number
36-2124601

Applied For
 Not Applicable

Zip
32714

Country
USA

Zip
32714

Country
USA

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

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **PD GRAHAM, SUZANNE H**
STREET ADDRESS **474 SOUTH NORTH LAKE BLVD., STE. 1016**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

Change Addition
NAME
STREET ADDRESS **620 Douglas Avenue, Suite 1316**
CITY-ST-ZIP **Altamonte Springs, FL 32714**

TITLE Delete
NAME **TD STALKFLEET, RICK**
STREET ADDRESS **311 S. WACKER DR., STE. 3000**
CITY-ST-ZIP **CHICAGO IL 60606-6677**

Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **T STALKFLEET, RICK**
STREET ADDRESS **3450 WEST OAKTON ST.**
CITY-ST-ZIP **SKOKIE IL 60076-2951**

~~TD~~ Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D KIDDER, NORMAN**
STREET ADDRESS **3450 WEST OAKTON ST.**
CITY-ST-ZIP **SKOKIE IL 60076-2951**

Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D KRUCKS, KENNETH**
STREET ADDRESS **3450 WEST OAKTON ST.**
CITY-ST-ZIP **SKOKIE IL 60076-2951**

Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Suzanne H. Graham **Suzanne H. Graham** **2/24/03** **(407) 830-6175**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)