

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90134 032 \*\*\*150.00

**DOCUMENT # F97000006415**

1. Entity Name

**ATC DISTRIBUTION GROUP, INC.**

Principal Place of Business

Mailing Address

900 OAKMONT LANE, SUITE 100  
 WESTMONT IL 60559

ONE OAK HILL  
 SUITE 400  
 WESTMONT IL 60559-5540

2. Principal Place of Business

3. Mailing Address

**ONE OAK HILL**

Suite, Apt. #, etc.

**SUITE 400**

Suite, Apt. #, etc.

City & State

**WESTMONT, IL**

City & State

4. FEI Number

**36-4175382**

Applied For

Not Applicable

Zip

Country

**60559**

Zip

Country

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

**NRAI SERVICES, INC.**  
**526 E. PARK AVENUE**  
**TALLAHASSEE FL 32301**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
CEOD	DUBOSE, MICHAEL T.	2220 KINCAID RD	WILLIAMS OR 97544	<input type="checkbox"/>
SV	SALAMUNOVICH, JOSEPH	900 OAKMONT LANE, SUITE 100	WESTMONT IL 60559	<input type="checkbox"/>
CFO	KOHN, BARRY	19035 HASTINGS LN	POWELL OH 43065	<input type="checkbox"/>
VP	KENT, J C	900 OAKMONT LN, STE 100	WESTMONT IL 60559	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
	S/V JOSEPH SALAMUNOVICH	645 ASHBURY DRIVE	AURORA, IL 60504	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
	P FRANK A. PAPA	813 INDEPENDENCE PKWY	SOUTH LAKE, TX 76092	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	ASST. SECRETARY DANIEL D. SCOPETTI	ONE OAK HILL	WESTMONT, IL 60559	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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:

*D. D. Scopetti*

DANIEL D SCOPETTI

Date

4/24/00

Daytime Phone #

(630)455-6000

CR2E034 (9/99)