

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006644

1. Entity Name

SENIOR FLEXONICS INC.

Principal Place of Business

300 EAST DEVON AVENUE
BARTLETT IL 60103

Mailing Address

300 EAST DEVON AVENUE
BARTLETT IL 60103-4608

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 94-2918781

Applied For

Not Applicable

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.

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 PD ☐ Delete
NAME KOWAL, WILLIAM L
STREET ADDRESS 300 EAST DEVON AVENUE
CITY-ST-ZIP BARTLETT IL 60103

TITLE CFOV ☒ Delete
NAME CONNERTY, THOMAS
STREET ADDRESS 300 EAST DEVON AVENUE
CITY-ST-ZIP BARTLETT IL 60103

TITLE V ☐ Delete
NAME SHEPPARD, MICHAEL W
STREET ADDRESS 300 EAST DEVON AVENUE
CITY-ST-ZIP BARTLETT IL 60103

TITLE V ☒ Delete
NAME KUREK, KENNETH M
STREET ADDRESS 300 EAST DEVON AVENUE
CITY-ST-ZIP BARTLETT IL 60103

TITLE V ☒ Delete
NAME COLLINS, WILLIAM L
STREET ADDRESS 300 EAST DEVON AVENUE
CITY-ST-ZIP BARTLETT IL 60103

TITLE V ☐ Delete
NAME PERKINS, GREG
STREET ADDRESS 2400 LONGHORN INDUSTRIAL DRIVE
CITY-ST-ZIP NEW BRAUNFELS TX 78130

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

TITLE VT ☐ Change ☒ Addition
NAME Williams, Kevin
STREET ADDRESS 300 East Devon Avenue
CITY-ST-ZIP Bartlett, IL 60103

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

630-837-1811

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE