

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2001 8:00 am
Secretary of State

05-30-2001 90026 034 ***550.00

DOCUMENT # F97000006644

1. Entity Name *Senior Operations Inc.*

SENIOR FLEXONICS INC.

Principal Place of Business

**300 EAST DEVON AVENUE
 BARTLETT IL 60103**

Mailing Address

**300 EAST DEVON AVENUE
 BARTLETT IL 60103**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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's 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	PO	<input checked="" type="checkbox"/> Delete
NAME	KOWAL, WILLIAM L	
STREET ADDRESS	300 EAST DEVON AVENUE	
CITY-ST-ZIP	BARTLETT IL 60103	
TITLE	VT	<input type="checkbox"/> Delete
NAME	WILLIAMS, KEVIN	
STREET ADDRESS	300 EAST DEVON AVENUE	
CITY-ST-ZIP	BARTLETT IL 60103	
TITLE	V	<input type="checkbox"/> Delete
NAME	SHEPPARD, MICHAEL W	
STREET ADDRESS	300 EAST DEVON AVENUE	
CITY-ST-ZIP	BARTLETT IL 60103	
TITLE	V	<input type="checkbox"/> Delete
NAME	PERKINS, GREG	
STREET ADDRESS	2400 LONGHORN INDUSTRIAL DRIVE	
CITY-ST-ZIP	NEW BRAUNFELS TX 78130	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<i>President</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Graham R. Menzies</i>	
STREET ADDRESS	<i>59161 High Street - NW</i>	
CITY-ST-ZIP	<i>FRICKMAN SW 33414, FL</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICE

OR DIRECTOR

Date

Daytime Phone #

5/17/01

630-372-3003

CR2E034 (10/00)