

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2003 8:00 am
Secretary of State

07-18-2003 90076 014 ***550.00

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DOCUMENT # F98000001491

1. Entity Name

FORSYTHE SOLUTIONS GROUP, INC.



Principal Place of Business

**7500 FRONTAGE ROAD
SKOKIE IL 60077**

Mailing Address

**7500 FRONTAGE ROAD
SKOKIE IL 60077**

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

36-3337391

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

**After September 10, 2003 Fee will be \$750.00
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
FORSYTHE, RICHARD A
25 FOX LANE
WINNETKA IL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
WEISS, ALBERT L
127 CAMDEN COURT
LINCOLNSHIRE IL 60069** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
HOFFMAN, R T
6150 NORTH AVERS
CHICAGO IL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
AVRICK, STEVEN M
2731 ORCHARD LANE
WILMETTE IL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCEO
LOSACCO, EVA
650 DEERPATH ROAD
LAKE FOREST IL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE REQUIRED
STEVEN M. AVRICK
ACST, Secy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-03

Date

847 982 6815

Daytime Phone #

CR2E034 (4/03)