

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002157

1. Entity Name  
**SATTEL 2 CORP.**

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90058 004 \*\*\*150.00

Principal Place of Business

Mailing Address

**899 SKOKIE BLVD  
STE 420  
NORTHBROOK IL 60062-4024**

**899 SKOKIE DR.  
STE 420  
NORTHBROOK IL 60062-4024**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**601 Skokie Boulevard**

**601 Skokie Boulevard**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 501**

**Suite 501**

City & State

City & State

**Northbrook, IL**

**Northbrook, IL**

Zip

Country

Zip

Country

**60062-2821**

**USA**

**60062-2821**

**USA**

4. FEI Number **36-4219505**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CST  
SIGESMUND, MICHAEL I  
125 INDIAN TREE DR.  
HIGHLAND PARK IL 60035** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
YOUNG, ROBERT A  
233 HARBOR GARDENS CT  
ORLANDO FL 32806** ☐ Delete

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

TITLE  
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STREET ADDRESS  
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☐ Change ☐ Addition

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 OFFICER OR DIRECTOR

**Michael I. Sigesmund 2/25/00 (847) 412-9000**

Date

Daytime Phone #

CR2E034 (9/99)