## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

Mailing Address

## F9800003072 **DOCUMENT #**

1. Entity Name

Principal Place of Business

SAI SOUTHEAST COMMAND CENTER, INC.



**FILED** Apr 11, 2003 8:00 am Secretary of State

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Suite Appl. #. etc.   Suite Appl. #. etc.   Suite Appl. #. etc.   CHECK HERE IS MAKING CHANGES	2101 S. ARLINGTON HEIGHTS ROAD STE 150 ARLINGTON HEIGHTS IL 60005  ARLINGTON HEIGHTS IL 60005  ARLINGTON HEIGHTS IL 60005													
City & State  City & State  City & State  City & State  Country  C	2. Principal P	lace of Busin	iess	3. Maili	ing Address				111	<b>alian ilia ibini lali</b> i di	IHI <b>16</b> 00 <b>51</b> 00	<b>75</b> 111 <b>56</b> 16	A liki bank n	<b>55/5</b> (15) (55)
Zip   Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   S8.75 Additional Fee Required   S8.75 Ad	Suite, Apt.	#, etc.		Suite	), Apt. #, etc.					☐ CHECK H	HERE IF MA	aking C	HANGES	
S. Name and Address of Current Registered Agent  C. T. CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION F. 13324  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 arm familiar with, and accept the obligations of registered agent.  Signature File. NOW!!! FEE Is \$150.00 After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  10. SARLINGTON HEIGHTS R. 60005  TITLE  RAYMOND, GROSS A  SIREF ADDRESS  CITY-S1-7P  RUBIN, STEPHEN  SIREF ADDRESS  CITY-S1-7P  ARLINGTON HEIGHTS R.D. \$150  Delete  TITLE  OAN'S, RONALD I  SIREF ADDRESS  CITY-S1-7P  ARLINGTON HEIGHTS R.D. \$150  CITY-S1-7P  ARLINGTON HEIGHTS R.D., SUITE 150  CITY-S1-7P  ARL	City & Stat	e		City	& State			4	4. FEI Number 87-0467198				•	
6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  City  FL  Zip Code  Addition  Added to Fees  Addition  Name  Name  Added to Fees  Addition  Name  Name  Addition  Name  Name  Name  Name  Addition  Name	Zip		Country	Zip	Zip Country		5	. Certific	cate of Status Des	ired [		8.75 Add	ditional	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  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 Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with and accept the obligations of registered agent, or both, in the State of Fiorida. In am familiar with and accept the obligations of registered agent, or both, in the State of Fiorida. In am familiar with and accept the obligations of registered agent, or both, in the State of Fiorida. In am familiar with and accept the obligations of registered obligations of regi		6. Name	and Address of Current	Registere	d Agent									
Street Address (P.O. Box Number is Not Acceptance)    City   FL   Zip Code			<del> </del>	<del>-                                    </del>	<del>rationer i de</del>		Name	** - <del>***</del> **	to	برد <del>محاسبنووده</del> •		<del></del> = .	-	
200 SOUTH PINE ISLAND ROAD	C T CORP	ORATION S	System			ŀ	Street Address (P.O. Box Number is Not Acceptable)							
8. The above named entity submits this statement for the purpose of changing its registered agent. or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.    Signature   Part   Par	1200 SOU	th pine is	LAND ROAD			L								
B. The above named entity submits this statement for the purpose of changing its 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 side 3 applicable. (NOTE Registered Agent signature required when remotaling)   After May 1, 2003 Fee will be \$55,000 May Be Added to Fees	PLANTATIO	ON FL 3332	24											
SIGNATURE    Signature, Typed or printed reame of registered agent and the if applicable. (NOTE Registered Agent signature required when reinstating)   DATE							City					FL	Zip Cod	le
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12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3Vi). Florida Statutes I further certify that the information		L												

I nereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental jeport 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 of 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 chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes are chapter 607, Florida Statutes and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes are chapter 607, Florida Statutes and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes are chapter 607, Florida Statutes and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes are chapter 607, Florida Statutes and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes are chapter 607, Florida Statutes and Florida Statutes and Florida Statutes are chapter 607, Florida Statutes and Florida Statutes and Florida Statutes are chapter 607, Florida Statute of the corporation or the receiver or trustee changed, or on an attachment with an add

**SIGNATURE:**