FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90748 046 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005304

1. Entity Name
ASTRO AMUSEMENT COMPANY

70026655

Principal Place of Business	Mailing Address
33 W HIGGINS ROAD ~~#3110~~ S BARRINGTON, IL 60010	33 W HIGGINS ROAD ~~#3110~~ S BARRINGTON, IL 60010

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
33 W. Higgins Rd		33 W. Higgins Rd	
Suite, Apt. #, etc. Ste 4050		Suite, Apt. #, etc. Ste 4050	
City & State S. Barrington, IL		City & State S. Barrington, IL	
Zip 60010	Country USA	Zip 60010	Country USA

4. FEI Number **36-2776896** ☐ 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THEBAULT, THOMAS 33 W HIGGINS RD ~~SUITE 3110~~ S BARRINGTON, IL 60010	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Thebault, Thomas 33 W. Higgins Rd Ste. 4050 S. Barrington, IL 60010	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SANDY, THEBAULT 33 W HIGGIS ROAD STE 4050 BARRINGTON, IL 60010	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE: Sandy Thebault V.P. 3/4/03 847-428-3631

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E334 (10/02)