

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90148 037 \*\*\*150.00

DOCUMENT # **F98 00000 6765** ✓

1. Entity Name

**RCT SYSTEMS, INC.** ©

Principal Place of Business

Mailing Address

**C0041614**

2. Principal Place of Business

**111 N. CUMBERLAND AVE**

3. Mailing Address

**111 N. CUMBERLAND**

Suite, Apt. #, etc.

**SUITE 602**

Suite, Apt. #, etc.

**SUITE 602**

City & State

**CHICAGO, IL**

City & State

**CHICAGO, IL**

4. FEI Number

**36-384949**

Applied For

Not Applicable

Zip

**60656**

Country

**USA**

Zip

**60656**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

**LEXUS DOCUMENT SERVICES**

Street Address (P.O. Box Number is Not Acceptable)

**3953 W W KELLY RD**

City

**TALLAHASSEE**

**FL**

Zip Code

**32311**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DTD** ☐ Delete  
 NAME **KRAMERICH, GEORGE L.**  
 STREET ADDRESS **111 N. CUMBERLAND STE 602**  
 CITY-ST-ZIP **CHICAGO, IL 60656**

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

TITLE **SD** ☐ Delete  
 NAME **DENENBERG, BYRON A.**  
 STREET ADDRESS **111 N. CUMBERLAND STE 602**  
 CITY-ST-ZIP **CHICAGO, IL 60656**

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

TITLE **AS** ☐ Delete  
 NAME **GRODSKY, IRL B.**  
 STREET ADDRESS **111 N. CUMBERLAND STE 602**  
 CITY-ST-ZIP **CHICAGO, IL 60656**

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

TITLE **D** ☐ Delete  
 NAME **GENAS, ROBERT T.**  
 STREET ADDRESS **2125 VALLEY RD.**  
 CITY-ST-ZIP **NORTHBRIDGE, IL 60062**

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

TITLE **D** ☐ Delete  
 NAME **THORNE, OAKLEIGH**  
 STREET ADDRESS **265 E. DEERPATH RD 3ND FL.**  
 CITY-ST-ZIP **LAKE FOREST, IL 60044**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **John Call**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/23/01 773-594-3700**  
 Date Daytime Phone #

CR2E034 (11/00)