

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90049 040 ***150.00

DOCUMENT # F99000000798

1. Entity Name

APPLIED DECISIONS USA, INC.

Principal Place of Business

**2097 PINE RIDGE ROAD
 NAPLES FL 34109**

Mailing Address

**2097 PINE RIDGE ROAD
 NAPLES FL 34109**

2. Principal Place of Business

2900 14th St N.

3. Mailing Address

2821 S. Fairfield Ave

Suite, Apt. #, etc.

Suite 45

Suite, Apt. #, etc.

Suite B.

City & State

Naples, FL

City & State

Lombard IL

Zip

34103

Country

Collier

Zip

60148

Country

Dupage

4. FEI Number

36-4054365

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ABT, MARTIN

**2097 PINE RIDGE ROAD
 NAPLES FL 34109**

7. Name and Address of New Registered Agent

Name

ABT, Martin

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

2900 14th St N. Ste 45

City

Naples

FL

Zip Code

3410

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]

1-9-02

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, 2002 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

TITLE **PD** ☐ Delete
 NAME **GINN, R. ERIC**
 STREET ADDRESS **2097 PINE RIDGE ROAD**
 CITY-ST-ZIP **NAPLES FL 34109**

TITLE **VP** ☐ Delete
 NAME **DIRMEIKIS, MICHAEL**
 STREET ADDRESS **2097 PINE RIDGE ROAD**
 CITY-ST-ZIP **NAPLES FL 34109**

TITLE **S** ☐ Delete
 NAME **GOLDSTEIN, MICHAEL**
 STREET ADDRESS **2097 PINE RIDGE ROAD**
 CITY-ST-ZIP **NAPLES FL 34109**

TITLE **D** ☐ Delete
 NAME **MCWETHY, JAMES B**
 STREET ADDRESS **2097 PINE RIDGE ROAD**
 CITY-ST-ZIP **NAPLES FL 34109**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VPD** ☒ Change ☐ Addition
 NAME **GINN, R. ERIC**
 STREET ADDRESS **2821 S. FAIRFIELD AVE, Ste B**
 CITY-ST-ZIP **Lombard, IL 60148**

TITLE **VPTD** ☒ Change ☐ Addition
 NAME **Dirmeikis, Michael**
 STREET ADDRESS **2821 S. FAIRFIELD AVE, Ste B**
 CITY-ST-ZIP **Lombard, IL 60148**

TITLE **S** ☒ Change ☐ Addition
 NAME **Goldstein Michael**
 STREET ADDRESS **2821 S FAIRFIELD AVE, Ste B**
 CITY-ST-ZIP **Lombard, IL 60148**

TITLE **D** ☒ Change ☐ Addition
 NAME **McWethy James B**
 STREET ADDRESS **2821 S. FAIRFIELD AVE, Ste B**
 CITY-ST-ZIP **Lombard, IL 60148**

TITLE **P** ☐ Change ☒ Addition
 NAME **Vaughn, Greg**
 STREET ADDRESS **3201 Airport Freeway**
 CITY-ST-ZIP **Bedford, TX 76021**

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:

[Signature]
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02

Date

630.663.8800

Daytime Phone #

CR2E034 (9/01)