**FILED** 

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

DOCUMENT # F9900000798  1. Entity Name APPLIED DECISIONS USA, INC.							Secretary of State 04-28-2003 91328 004 ***150.00					
Principal Place of Business 2900 14TH ST N SUITE 45 NAPLES FL 34103			Mailing Address 2821 S FAIRFIELD AVE SUITE B LOMBARD IL 60148									
2. Principal Place of Business			3. Mailing Address						#8## 8### # <b>###</b>	12101 1011 1001		
Suite, Apt.	#, etc.	<del></del>	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & Stat	e	·	City & State					4. FE	El Number 36-4054365			oplied For ot Applicable
Zip	Zip Country		Zip		Coun					\$8.75 Add Fee Require		
	6. Name	and Address of Current F	Registered	i Agent				7. N	ame and Address of New R	egistered .	Agent	
		· "=, •		• •		Name		-	<b></b>	-		
ABT, MAR 2900 14Th				Street Ac			ddress (P	dress (P.O. Box Number is Not Acceptable)				
STE 45										·		
NAPLES F	L 34103			City						FL	Zip Cod	e
	named entity ions of regist		the purpo	se of changing its	registere	ed office or	registere	ed age	ent, or both, in the State of Flo	rida. I am	familiar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title if appli	cable. (NOTI	: Registered	d Agent signati	ure required v	when rein	nstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				•			Election Campaign Fin     Trust Fund Contribution			May Be		
10.		OFFICERS AND I	DIRECTOR	RS	11.			ADE	DITIONS/CHANGES TO OFF	CERS AND	DIRECTOR:	S IN 11
TITLE	VPD GINN, R. E				TITLE		President & Director XX Ginn, R. Eric			<b>KX</b> Change	Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP		irfield ave, ste b			STRE	- ET ADDRESS - ST-ZIP	GII	1117	R. EFIC			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, MICHAEL IRFIELD AVE, STE B IL 60148		☐ Delete	•				& Director kis, Michael		<b>★</b> Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		N, MICHAEL IRFIELD AVE, STE B IL 60148		<b>K</b> Delete -			-		<u>-</u>	-	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCWETHY 2821 S FA LOMBARD	irfield ave, ste b		☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAUGHN, 3201 AIRP BEDFORD	ORT FREEWAY		<b>⊠</b> Delete				_			☐ Change	Addition
TITLE				☐ Delete	TITLE		Trea	asur	er		☐ Change	Addition

Lombard, IL 60148 12. Thereby 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

<del>red</del>uired

Rodney Carroll, Treasurer

Carroll, Rodney

2821 S. Fairfield Ave., Suite B

Daytime Phone #

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

DC	CI	JМ	EN.	Γ#
_ \		<i></i>		

F99000000798



Attachment#

1. Entity Nan	DECISIONS USA, INC.	,				80095	5675		
Principal Place 2900 14TH ST SUITE 45 NAPLES FL 34		Mailing Address 2821 S FAIRFIELD AVE SUITE B LOMBARD IL 60148							
2. Principal P	Place of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & Stat		City & State			4	4. FEI Number 36-4054365		Applied For Not Applicable	
Žip	Country	Zip	Count	ry	5. Certificate of Status Desired See Required Fee Required				
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent					
ADT MAD	TILI	·		Name					
ABT, MAR 2900 14Th	, -,		Street Address (P.O. Box Number is Not Acceptable)						
STE 45	•						,		
NAPLES F	L 34103		City	FL Zip Code					
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	d office or r	egistered	agent, or both, in the State of Florida.	I am familiar w	ith, and accept	
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered	Agent signature	a required whe	en reinstating)	DATE		
Afte	ILE NOWILL FEE IS \$150.00 300 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of					Election Campaign Financin     Trust Fund Contribution.		5.00 May Be Ided to Fees	
10.	OFFICERS AND		11.			ADDITIONS/CHANGES TO OFFICERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GINN, R. ERIC 2821 S FAIRFIELD AVE, STE B LOMBARD IL 60148	☐ Delete		,		sident & Director	<b>XX</b> Chan	ge [] Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD DIRMEIKIS, MICHAEL 2821 S FAIRFIELD AVE, STE B LOMBARD IL 60148	□ Delete		i		Sec & Director eikis, Michael	K Chan	ge Addition	
NAME	S Goldstein, Michael 2821 S Fairfield Ave, Ste B Lombard Il 60148	<b>K</b> Delete					☐ Chan	ge 🖺 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCWETHY, JAMES B 2821 S FAIRFIELD AVE, STE B LOMBARD IL 60148	/ Delete	•				☐ Chan	ge 🗀 Addition	
TITLE NAME STREET ADDRESS - CITY-ST-ZIP	P VAUGHN, GREG 3201 AIRPORT FREEWAY BEDFORD TX 76021	<b>⊠</b> Delete					☐ Chan	ge 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-2IP		□ Delete	1	Į.	2821	surer oll, Rodney S. Fairfield Ave., ard, IL 60148	Chang Suite B	ge 🛣 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:

SIGNATURE AND TYPED OB PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rodney Carroll, Treasurer

Date

Daytime Phone #