## FOR PROFIT CORPORATION-UNIFORM BUSINESS REPORT (UBR)

## FILED May 13, 2002 8:00 am Secretary of State

4-26-02 312-381-3273
Date Daytime Phone #

Signature   Sign	150.00	05-13-2002 90079 027 ***15	DOCUMENT # F99000001312  1. Entity Name OHM SYSTEMS, INC.			
Suite, Apt. N. etc.			ACE	IN THIS SP.	O NOT WRITE	E
Sulle, Apt. #, etc.			<u> All and All agrants for the Control of the Contro</u>	3. Mailing Address	Place of Business	2. Principal
City & State BELLINGHAM, WA CHICAGO, IL  209 98226			4-TAX DEPT.			
City & State   BELLINGHAM   WA		DO NOT WRITE IN THIS SPACE			ot. #, etc.	Suite, Ap
SELETINGHAM   WA	plied For	4 CEIN		City & State		
Signature, typed or printed name of registered agent and title if applicable.  Signature, typed or printed name of registered agent and title if applicable.  1. OFFICERS AND DIRECTORS  2. OFFICERS AND DIRECTORS  2. OFFICERS AND DIRECTORS  3. OFFICERS AND DIRECTORS	t Applicable	01 1500750				
The above named entity submits this statement for the purpose of changing its registered Agent against required when reinstating)  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)  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (Amended UBR is \$12.9 to Department of State 1.2 to Depart		5. Certificate of Status Desired \$8.75 Addition	Country		Country	
DO NOT WRITE IN THIS SPACE  CT CORPORATION SYSTEM Street Address (PD. Box Number is Not Acceptable)  1200 S. PINE ISLAND  City PLANTATION  FL 333324  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.  1. (NOTE: Registered Agent signature required when reinstating)  Annuary 1 - May 1 Fee is \$150.00  Anneaded UBR is \$12.5  Make Check Payable to Department of State  1. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. DIRECTORS  13. STREET ADDRESS  14. OFFICERS AND DIRECTORS  15. OR AND OLD HIS STREET ADDRESS  16. OR AND OLD HIS STREET ADDRESS  17. STREET ADDRESS  18. STREET ADDRESS  18. STREET ADDRESS  18. STREET ADDRESS  19. ON OT WRITE  11. URL  12. URL  12. URL  13. STREET ADDRESS  14. URL  14. URL  15. OR OTHER TORSON  15. OR OTHER TORSON  16. OR OTHER TORSON  17. ST. ZP  18. URL  18. URL  18. STREET ADDRESS  19. OR OTHER TORSON  10. DO NOT WRITE  11. URL  11. URL  12. OR OTHER TORSON  12. URL  13. STREET ADDRESS  14. URL  14. URL  15. OR OTHER TORSON  15. OR OTHER TORSON  16. OR OTHER TORSON  17. ST. ZP  18. URL  18. STREET ADDRESS  19. OR OTHER TORSON  10. OR OTHER TORSON  10. OR OTHER TORS						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.  SIGNATURE Signature, typed or printed name of registered agent and title if applicable.  SIGNATURE 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)  TOFFICERS AND DIRECTORS  STREET ADDRESS STREET ADRESS STREET ADDRESS STREET ADDRESS STREE		DATION SYSTEM			50 110-11	
IN THIS SPACE    City PLANTATION   FL   2/p Code 33324		(P.O. Box Number is Not Acceptable)	Street Address	/RITE	DO NOT W	
8. The above named entity submits this statement for the purpose of changing its 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)  9. This corporation is eligible to satisfy its Intangible Tar filing requirement and elects to do so.  (See criteria on back)  11. OFFICERS AND DIRECTORS  12. STREET ADDRESS  13. CITY - ST - 2IP  14. OFFICERS AND DIRECTORS  15. 0.0  16. Election Campaign Financing  16. Election Campaign Financing  17. ST - 2IP  18. Election Campaign Financing  18. Election Campaign Financing  18. Election Campaign Financing  19. Election Campaign Financing  10. Election Campaign Financi		PINE ISLAND	1200 S.	DACE	IN THIS SD	
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				ACL	114 11110 01	
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.  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so.  (See criteria on back)  10. Election Campaign Financing Amended UBR is \$55.00  Amended UBR is \$61.25  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  11ILE  PD  NAME PAUL GAUTHIER PAUL GAUTHIER STREET ADDRESS CITY - ST - ZIP BELLINGHAM, WA CITY - ST - ZIP BELLINGHAM, WA CITY - ST - ZIP CHICAGO, IL 60601  TITLE NAME STREET ADDRESS 200 E. RANDOLPH CITY - ST - ZIP CHICAGO, IL 60601  TITLE STREET ADDRESS CITY - ST - ZIP CHICAGO, IL 60601  TITLE STREET ADDRESS CITY - ST - ZIP CHICAGO, IL 60601  TITLE STREET ADDRESS CITY - ST - ZIP CHICAGO, IL 60601  TITLE STREET ADDRESS CITY - ST - ZIP CHICAGO, IL 60601  TITLE STREET ADDRESS CITY - ST - ZIP CHICAGO, IL 60601  TITLE STREET ADDRESS CITY - ST - ZIP CHICAGO, IL 60601  TITLE STREET ADDRESS CITY - ST - ZIP CHICAGO, IL 60601  TITLE STREET ADDRESS CITY - ST - ZIP CHICAGO, IL 60601  TITLE STREET ADDRESS CITY - ST - ZIP CHICAGO, IL 60601  TITLE STREET ADDRESS CITY - ST - ZIP CHICAGO, IL 60601  TITLE STREET ADDRESS CITY - ST - ZIP CHICAGO, IL 60601  TITLE STREET ADDRESS CITY - ST - ZIP CHICAGO, IL 60601  TITLE STREET ADDRESS CITY - ST - ZIP CHICAGO, IL 60601  TITLE STREET ADDRESS CITY - ST - ZIP CHICAGO, IL 60601  TITLE STREET ADDRESS CITY - ST - ZIP CHICAGO, IL 60601  TITLE STREET ADDRESS CITY - ST - ZIP CHICAGO, IL 60601  TITLE STREET ADDRESS CITY - ST - ZIP CHICAGO, IL 60601  TITLE STREET ADDRESS STR		TON EI Zip Code	City DI ANTAT			<u></u>
SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)   X	±	existered agent, or both, in the State of Florida	g its registered office or r	ent for the purpose of changir	e named entity submits this statemen	8. The abov
Signature, typed or printed name of registered agent and title if applicable.  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  11. Election Campaign Financing \$5.00 Added to the comparison of trust Fund Contribution.  12. DECEMBRACY OF TRUST OF TRUS	}	5 The Land County of the County of Floridge.	· -	•		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  1. OFFICERS AND DIRECTORS  1. ITILE  NAME  1. OFFICERS AND DIRECTORS  1. OFFICERS AN					Signature tuned or printed name of active	SIGNATURE
Tax filing requirement and elects to do so.  (See criteria on back)    X		ant signature required when reinstating) DATE				
Amended UBI is \$61.25  Trust Fund Contribution. Added 1  11. OFFICERS AND DIRECTORS  1		10 Election Composer Figure & CE 00 (		gible January 1 - I After Mav	oration is eligible to satisfy its Intangii	9. This corpo
TITLE PD TITLE PAUL GAUTHIER STREET ADDRESS CITY - ST - ZIP P TITLE TITLE TO PAUL GAUTHIER STREET ADDRESS CITY - ST - ZIP P TITLE TO PAUL GAUTHIER STREET ADDRESS CITY - ST - ZIP P TITLE TO PAUL GAUTHIER STREET ADDRESS CITY - ST - ZIP P TITLE TO PAUL GAUTHIER STREET ADDRESS CITY - ST - ZIP P TITLE TO PAUL GAUTHIER STREET ADDRESS CITY - ST - ZIP P TITLE TO PAUL GAUGH STREET ADDRESS CITY - ST - ZIP P CHICAGO, IL 60601 CITY - ST - ZIP P CHICAGO, IL 60601 CITY - ST - ZIP P CHICAGO, IL 60601 CITY - ST - ZIP P CHICAGO, IL 60601 CITY - ST - ZIP TITLE TITLE STREET ADDRESS CITY - ST - ZIP P CHICAGO, IL 60601 CITY - ST - ZIP TITLE TITLE STREET ADDRESS CITY - ST - ZIP TITLE TITLE STREET ADDRESS CITY - ST - ZIP TITLE TITLE TITLE THE STREET ADDRESS CITY - ST - ZIP TITLE TITLE THE STREET ADDRESS CITY - ST - ZIP TITLE TITLE THE STREET ADDRESS CITY - ST - ZIP TITLE THE STREET ADDRESS CITY - ST - ZIP TITLE THE STREET ADDRESS CITY - ST - ZIP TITLE THE STREET ADDRESS CITY - ST - ZIP TITLE THE STREET ADDRESS CITY - ST - ZIP TITLE THE STREET ADDRESS CITY - ST - ZIP TITLE THE STREET ADDRESS CITY - ST - ZIP TITLE THE STREET ADDRESS STREE	7 1	Truck Fried Conditions	d UBR is \$61.25	- Amende		(See crite
TITLE NAME NAME PAUL GAUTHIER PAUL GAUTHIER PAUL GAUTHIER STREET ADDRESS CITY - ST - ZIP STREET ADDRESS CITY - ST - ZIP  TITLE V NAME STREET ADDRESS CITY - ST - ZIP  TITLE T NAME DIANE AIGOTTI NAME STREET ADDRESS CITY - ST - ZIP  TITLE T NAME STREET ADDRESS CITY - ST - ZIP  NAME STREET ADDRESS CITY - ST - ZIP  TITLE T NAME STREET ADDRESS CITY - ST - ZIP CHICAGO, IL 60601 CITY - ST - ZIP CHICAGO, IL 60601 CITY - ST - ZIP TITLE S NAME ARLENE JESCHKE STREET ADDRESS CITY - ST - ZIP CHICAGO, IL 60601 CITY - ST - ZIP TITLE S NAME ARLENE JESCHKE STREET ADDRESS CITY - ST - ZIP CHICAGO, IL 60601 CITY - ST - ZIP TITLE TITLE S NAME ARLENE JESCHKE STREET ADDRESS CITY - ST - ZIP CHICAGO, IL 60601 CITY - ST - ZIP TITLE TITLE CD NAME LERA MARGARET NAME STREET ADDRESS			to Department of Sta	mane and an again		
NAME STREET ADDRESS CITY - ST - ZIP  TITLE V JEROME I. BAER STREET ADDRESS CITY - ST - ZIP  TITLE JEROME I. BAER STREET ADDRESS CITY - ST - ZIP  TITLE T NAME DIANE AIGOTTI STREET ADDRESS CITY - ST - ZIP  TITLE T NAME CITY - ST - ZIP TITLE T TITLE T NAME STREET ADDRESS CITY - ST - ZIP TITLE T T TITLE T T T T T T T T T T T T T T T T T T			TITLE			TITLE
CITY-ST-ZIP  BELLINGHAM, WA  CITY-ST-ZIP  ITILE  V  NAME  JEROME I. BAER  STREET ADDRESS  CITY-ST-ZIP  CHICAGO, IL 60601  CITY-ST-ZIP  ITILE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CHICAGO, IL 60601  CITY-ST-ZIP  TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  SAME  ARLENE JESCHKE  STREET ADDRESS  CITY-ST-ZIP  CHICAGO, IL 60601  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CHICAGO, IL 60601  CITY-ST-ZIP  CHICAGO, IL 60601  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CHICAGO, IL 60601  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADD	. [				PAUL GAUTHIER	NAME
TITLE  NAME  JEROME I. BAER  STREET ADDRESS  CITY - ST - ZIP  TITLE  NAME  DIANE AIGOTTI  NAME  STREET ADDRESS  CITY - ST - ZIP  TITLE  TO  TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP  TITLE  STREET ADDRESS  CITY - ST - ZIP  TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP  TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP  CHICAGO, IL 60601  CITY - ST - ZIP  TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP  CHICAGO, IL 60601  CITY - ST - ZIP  TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP  TITLE  NAME  LERA MARGARET  NAME  STREET ADDRESS  STREET ADR	1		STREET ADDRESS			
NAME STREET ADDRESS 200 E. RANDOLPH CHICAGO, IL 60601  TITLE NAME STREET ADDRESS CITY - ST - ZIP  DIANE AIGOTTI STREET ADDRESS CITY - ST - ZIP  CHICAGO, IL 60601  TITLE STREET ADDRESS CITY - ST - ZIP  CHICAGO, IL 60601  TITLE STREET ADDRESS CITY - ST - ZIP CHICAGO, IL 60601  TITLE STREET ADDRESS CITY - ST - ZIP CHICAGO, IL 60601  TITLE STREET ADDRESS CITY - ST - ZIP CHICAGO, IL 60601  TITLE STREET ADDRESS CITY - ST - ZIP CHICAGO, IL 60601  TITLE STREET ADDRESS CITY - ST - ZIP CHICAGO, IL 60601  TITLE NAME LERA MARGARET NAME LERA MARGARET STREET ADDRESS		i Alberton de Contra de La Contra de Con La contra de Contra d	CITY - ST - ZIP			CITY - ST - ZIP
STREET ADDRESS CITY - ST - ZIP CHICAGO, IL 60601 TITLE NAME DIANE AIGOTTI STREET ADDRESS CITY - ST - ZIP TITLE STREET ADDRESS CITY - ST - ZIP TITLE STREET ADDRESS CITY - ST - ZIP TITLE STREET ADDRESS CITY - ST - ZIP CHICAGO, IL 60601 TITLE STREET ADDRESS CITY - ST - ZIP CHICAGO, IL 60601 TITLE STREET ADDRESS CITY - ST - ZIP CHICAGO, IL 60601 TITLE STREET ADDRESS CITY - ST - ZIP TITLE TITLE TITLE STREET ADDRESS CITY - ST - ZIP TITLE TI			TITLE +		<u></u>	
CITY-ST-ZIP  CHICAGO, IL 60601  CITY-ST-ZIP  TITLE  T  NAME  DIANE AIGOTTI  STREET ADDRESS  CITY-ST-ZIP  CHICAGO, IL 60601  CITY-ST-ZIP  TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  STREET ADDRESS  CITY-ST-ZIP  CHICAGO, IL 60601  TITLE  STREET ADDRESS  CITY-ST-ZIP  CHICAGO, IL 60601  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CHICAGO, IL 60601  TITLE  CD  TITLE  NAME  LERA MARGARET  NAME  STREET ADDRESS	- 1		NAME			
TITLE NAME DIANE AIGOTTI STREET ADDRESS CITY - ST - ZIP TITLE STREET ADDRESS CITY - ST - ZIP TITLE STREET ADDRESS CITY - ST - ZIP TITLE STREET ADDRESS CITY - ST - ZIP CHICAGO, IL 60601 TITLE STREET ADDRESS CITY - ST - ZIP CHICAGO, IL 60601 TITLE STREET ADDRESS CITY - ST - ZIP TITLE TITLE STREET ADDRESS CITY - ST - ZIP TITLE TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME LERA MARGARET NAME LERA MARGARET STREET ADDRESS	J					
NAME STREET ADDRESS CITY - ST - ZIP CHICAGO, IL 60601 TITLE NAME LERA MARGARET STREET ADDRESS 912 QUEEN STREET STREET ADDRESS				90T		
STREET ADDRESS CITY - ST - ZIP CHICAGO, IL 60601 STREET ADDRESS CITY - ST - ZIP CHICAGO, IL 60601 STREET ADDRESS CITY - ST - ZIP CHICAGO, IL 60601 STREET ADDRESS CITY - ST - ZIP CHICAGO, IL 60601 TITLE CD TITLE CD TITLE CD TITLE STREET ADDRESS					-	
CITY - ST - ZIP CHICAGO, IL 60601 CITY - ST - ZIP DO NOT WRITE  TITLE S  NAME ARLENE JESCHKE STREET ADDRESS 200 E. RANDOLPH CITY - ST - ZIP CHICAGO, IL 60601 CITY - ST - ZIP  TITLE CD  NAME LERA MARGARET STREET ADDRESS 912 QUEEN STREET STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET STREET STREET STREET ADDRESS				ı	200 E RANDOLDH	
TITLE S NAME ARLENE JESCHKE STREET ADDRESS 200 E. RANDOLPH CITY-SI-ZIP CHICAGO, IL 60601 CITY-SI-ZIP CD NAME LERA MARGARET STREET ADDRESS 912 QUEEN STREET  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS		DO NOT WRITE				CITY - ST - ZIP
STREET ADDRESS 200 E. RANDOLPH STREET ADDRESS CHICAGO, IL 60601  TITLE CD TITLE LERA MARGARET STREET ADDRESS						TITLE
CITY - ST - ZIP CHICAGO , IL 60601 CITY - ST - ZIP  TITLE CD  NAME LERA MARGARET NAME  STREET ADDRESS 912 QUEEN STREET STREET STREET ADDRESS		IN THIS SPACE	1 1			NAME
TITLE CD TITLE  IAME LERA MARGARET NAME STREET ADDRESS 912 QUEEN STREET STREET STREET ADDRESS			STREET ADDRESS	STREET ADDRESS 200 E. RANDOLPH		
NAME LERA MARGARET NAME STREET ADDRESS 912 QUEEN STREET STREET STREET ADDRESS	1		CITY - ST - ZIP	TITLE CD III		
STREET ADDRESS 912 QUEEN STREET STREET	*		TITLE			ŀ
	<i>'</i>	· 등 - 프롤로 마리 [블로그랜드]	1			
CONTRACTOR OF THE PROPERTY OF				S'I'		
			CITY - ST - ZiP	<del></del>		1
CDATC DODINAY			e de la companya de l			
TOTAL	<					
STREET ADDRESS 1341 ROMA RD.  STREET ADDRESS CITY ST - ZIP	1					
3. 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 converte exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the		Section 140.07(0\f) \(\text{FL-std.}\)	or the evernation state of the	ith this filing does not qualify t		
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 nam appears in Block 11 or on an attachment with an address, with all other like empowered.	ne	equired by Chapter 607, Florida Statutes; and that my name				