FOR PROFIT CORPORATION-
UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90079 027 ***150.00

DOCUMENT # F99000001312

1. Entity Name
OHM SYSTEMS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2219 RIMLAND DR.	P.O.BOX 8264-TAX DEPT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BELLINGHAM, WA	City & State: CHICAGO, IL
Zip: 98226 Country:	Zip: 60680-8264 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 91-1500758 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: CT CORPORATION SYSTEM
Street Address (P.O. Box Number is Not Acceptable): 1200 S. PINE ISLAND
City: PLANTATION **FL** Zip Code: 33324

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 _____ DATE
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) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	TITLE	
NAME	PAUL GAUTHIER	NAME	
STREET ADDRESS	913 RACINE	STREET ADDRESS	
CITY - ST - ZIP	BELLINGHAM, WA	CITY - ST - ZIP	
TITLE	V	TITLE	
NAME	JEROME I. BAER	NAME	
STREET ADDRESS	200 E. RANDOLPH	STREET ADDRESS	
CITY - ST - ZIP	CHICAGO, IL 60601	CITY - ST - ZIP	
TITLE	T	TITLE	
NAME	DIANE AIGOTTI	NAME	
STREET ADDRESS	200 E. RANDOLPH	STREET ADDRESS	
CITY - ST - ZIP	CHICAGO, IL 60601	CITY - ST - ZIP	
TITLE	S	TITLE	
NAME	ARLENE JESCHKE	NAME	
STREET ADDRESS	200 E. RANDOLPH	STREET ADDRESS	
CITY - ST - ZIP	CHICAGO, IL 60601	CITY - ST - ZIP	
TITLE	CD	TITLE	
NAME	LERA MARGARET	NAME	
STREET ADDRESS	912 QUEEN STREET	STREET ADDRESS	
CITY - ST - ZIP	BELLINGHAM, WA	CITY - ST - ZIP	
TITLE	S	TITLE	
NAME	CRAIG BODWAY	NAME	
STREET ADDRESS	1341 ROMA RD.	STREET ADDRESS	
CITY - ST - ZIP	BELLINGHAM, WA	CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ V.P.-TAX 4-26-02 312-381-3273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32381F.1