

**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

2219 RIMLAND DR.

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 8264-TAX DEPT.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BELLINGHAM, WA

City & State

CHICAGO, IL

4. FEI Number

91-1500758

Applied For

Not Applicable

Zip

98226

Country

Zip

60680-8264

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

**DO NOT WRITE
IN THIS SPACE**

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) ☒

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

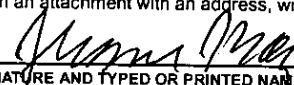
11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PAUL GAUTHIER 913 RACINE BELLINGHAM, WA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V JEROME I. BAER 200 E. RANDOLPH CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DIANE AIGOTTI 200 E. RANDOLPH CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ARLENE JESCHKE 200 E. RANDOLPH CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD LERA MARGARET 912 QUEEN STREET BELLINGHAM, WA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CRAIG BODWAY 1341 ROMA RD. BELLINGHAM, WA

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-02

312-381-3273

Date

Daytime Phone #