

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002775

1. Entity Name

PROFESSIONAL TRADE SHOWS, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90134 038 ***150.00

Principal Place of Business

Mailing Address

47361 BAYSIDE PARKWAY
FREEMONT CA 94538

47361 BAYSIDE PARKWAY
FREEMONT CA 94538-6574

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

47281 Bayside Parkway
Fremont, CA
94538 USA

47281 Bayside Parkway
Fremont, CA
94538 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

31-1492687

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

City

FL

Zip Code

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C ☐ Delete
NAME WINDSOR, WILLIAM M
STREET ADDRESS 4700 ROCKSIDE RD, SUITE 635
CITY-ST-ZIP INDEPENDENCE OH 44131

TITLE P ☐ Change ☒ Addition
NAME Grogan, Terrance
STREET ADDRESS 47281 Bayside Parkway
CITY-ST-ZIP Fremont, CA 94538

TITLE D ☐ Delete
NAME LICK, JEFF
STREET ADDRESS 60 STATE STREET, SUITE 21
CITY-ST-ZIP BOSTON MA 02109

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☒ Delete
NAME CARUSO, CHARLES
STREET ADDRESS 47361 BAYSIDE PARKWAY
CITY-ST-ZIP FREEMONT CA 94538

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPTS ☒ Delete
NAME MELLIN, JONATHAN B
STREET ADDRESS 4700 ROCKSIDE ROAD, SUITE 635
CITY-ST-ZIP INDEPENDENCE OH 44131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CAS ☐ Delete
NAME LINDOW, WILLIAM O
STREET ADDRESS 4700 ROCKSIDE ROAD, SUITE 635
CITY-ST-ZIP INDEPENDENCE OH 44131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Delete
NAME WINDSOR, WILLIAM M
STREET ADDRESS 4700 ROCKSIDE ROAD SUITE 635
CITY-ST-ZIP INDEPENDENCE OH 44131

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)