

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04 FEB 11 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000003022

1. Entity Name
HOME IMPROVEMENT RESEARCH INSTITUTE, INC.



Principal Place of Business
3922 COCONUT PALM DRIVE
3RD FLR
TAMPA, FL 33619

Mailing Address
3922 COCONUT PALM DRIVE
3RD FLR
TAMPA, FL 33619

2/5/04 90012 049 \$61.25



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162004

Chg-NP

CR2E037 (10/03)

4. FEI Number
31-1020154

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

ANGEL, ANGELA R
3922 COCONUT PALM DRIVE
TAMPA, FL 33619

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME SANDBERG, DOUG
STREET ADDRESS 1 FIRST AVE.
CITY-ST-ZIP STERLING, IL 61081

TITLE T ☐ Delete
NAME MARITATO, JUDY
STREET ADDRESS 4300 W. PETERSON AVE
CITY-ST-ZIP CHICAGO, IL 60646

TITLE VP ☐ Delete
NAME FARANDA, JOSEPH
STREET ADDRESS 2455 PACES FERRY RD. (C-11)
CITY-ST-ZIP ATLANTA, GA 30339

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1800 W. Central Rd.
CITY-ST-ZIP Mt. Prospect, IL 60056

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

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

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

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

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 617, 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:

JUDY S. MARITATO

JUDY S. MARITATO

2/2/04 724-272-3072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #