

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003875

1. Entity Name

OCOMA INDUSTRIES, INC.

FILED

Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90280 027 ***150.00

Principal Place of Business

200 N. MARTINGALE ROAD
SCHAUMBURG IL 60173-2096

Mailing Address

200 N. MARTINGALE ROAD
SCHAUMBURG IL 60173-2096

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 36-4295724

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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, 2001 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 SVPD ☐ Delete
NAME EUWEMA, JOHN B
STREET ADDRESS 200 N. MARTINGALE RD.
CITY-ST-ZIP SCHAUMBURG IL 60173-2096

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

TITLE CEO ☐ Delete
NAME MARINELLO, KATHRYN V
STREET ADDRESS 200 N MARTINGALE RD
CITY-ST-ZIP SCHAUMBURG IL 60173-2096

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

TITLE SRVP ☐ Delete
NAME BRANDT, MICHAEL J
STREET ADDRESS 200 N MARTINGALE RD
CITY-ST-ZIP SCHAUMBURG IL 60173-2096

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TREASURER ☐ Change ☒ Addition
NAME PRIZZIA, GARY T.
STREET ADDRESS 6620 W. BROAD ST. 4TH FL
CITY-ST-ZIP RICHMOND VA 23230

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

4/9/2001

Date

847-453-7390

Daytime Phone #

CR2E034 (10/00)