

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F99000004405**

1. Entity Name  
**MERCANTEC, INC.**

Principal Place of Business  
**1555 BOND STREET, SUITE 103  
NAPERVILLE IL 60563**

Mailing Address  
**1555 BOND STREET, SUITE 103  
NAPERVILLE IL 60563**

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

**37-1354370**

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, 2002 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**C  
PARKER, ANDREW G  
10517 S. RED STABLE WAY  
NAPERVILLE IL**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DIRECTOR  
BILL TAIT  
N120 W 1635 FREISTADT RD  
GERHARTOWN, NE 53022**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD  
WEIL, DIA  
68 LOCUST RD  
WINNETKA IL 60093**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DIRECTOR  
MARK McLAUGHLIN  
VERISIGN  
487 E. Middlefield Rd  
Mountain View CA 94043**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
McLAIN, TOM  
294 W MOUNTAIN RD  
RIDGECREEK CT 06877**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**C  
TIMOTHY NOE  
575 S. JULIAN  
NAPERVILLE IL 60540**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ELLIOT, WILLIAM  
474 N LAKESHORE DR  
CHICAGO IL 60611**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**5  
STEPHEN DYER  
200 N. L. ASALLE  
CHICAGO IL 60601**

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HUMANANSKY, PAUL  
630 FOREST AVE  
GLEN ELLYN IL 60137**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GOPANI, BANKIN  
525 W MONROE  
CHICAGO IL 60661**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jun 16, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90181 035 \*\*\*150.00

92773



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)