

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90181 021 \*\*\*150.00

**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

**900 E. Diehl Rd.**

3. Mailing Address

**900 E. Diehl Rd.**

Suite, Apt. #, etc.

**Suite 110**

Suite, Apt. #, etc.

**Suite 110**

City & State

**Naperville IL**

City & State

**Naperville IL**

Zip

**60563**

Country

Zip

**60563**

Country

☐ CHECK HERE IF MAKING CHANGES

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

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

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	TAIT, BILL	
STREET ADDRESS	N120 W 16355 FREISTADT RD.	
CITY-ST-ZIP	GERMANTOWN WI 53022	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCLAUGHLIN, MARK	
STREET ADDRESS	487 E. MIDDLE FIELD RD.	
CITY-ST-ZIP	MOUNTAIN VIEW CA 94043	
TITLE	C	<input type="checkbox"/> Delete
NAME	NOE, TIMOTHY	
STREET ADDRESS	575 S. JULIAN	
CITY-ST-ZIP	NAPERVILLE IL 60540	
TITLE	S	<input type="checkbox"/> Delete
NAME	DYER, T. STEPHEN	
STREET ADDRESS	200 N. LASALLE	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUMANANSKY, PAUL	
STREET ADDRESS	630 FOREST AVE	
CITY-ST-ZIP	GLEN ELLYN IL 60137	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOPANI, BANKIN	
STREET ADDRESS	525 W MONROE	
CITY-ST-ZIP	CHICAGO IL 60661	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Matt Roszak	
STREET ADDRESS	1301 N. Elston Ave	
CITY-ST-ZIP	Chicago IL 60622	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)