

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90308 048 \*\*\*150.00

**DOCUMENT # F99000005865**

1. Entity Name

**PARALIGN REVENUE MANAGEMENT, INC.**

Principal Place of Business

**4800 NORTH 22ND STREET, SUITE 210  
PHOENIX AZ 85016**

Mailing Address

**4800 NORTH 22ND STREET, SUITE 210  
PHOENIX AZ 85016**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **36-4325052**

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

**NRAI SERVICES, INC.  
526 EAST PARK AVENUE  
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	P	<input checked="" type="checkbox"/> Delete
NAME	REID, STEVEN C	
STREET ADDRESS	4800 N. 22ND STREET, SUITE 210	
CITY-ST-ZIP	PHOENIX AZ 85018	
TITLE	SCEO	<input type="checkbox"/> Delete
NAME	CRAIG, MARTIN Z	
STREET ADDRESS	600 CENTRAL AVENUE, SUITE 325	
CITY-ST-ZIP	HIGHLAND PARK IL 60035	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	WALDSTEIN, PETER D	
STREET ADDRESS	600 CENTRAL AVENUE, SUITE 325	
CITY-ST-ZIP	HIGHLAND PARK IL 60035	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CANFIELD, PHILIP A	
STREET ADDRESS	6100 SEARS TOWER	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAUNER, BRUCE V	
STREET ADDRESS	6100 SEARS TOWER	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Noel Felipe	
STREET ADDRESS	7715 Northwest 48th Street	
CITY-ST-ZIP	Miami FL 33166	
TITLE	Secretary, CEO, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Craig Martin	
STREET ADDRESS	600 Central Ave Suite 325	
CITY-ST-ZIP	Highland Park IL 60035	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joe Nolan	
STREET ADDRESS	6100 Sears Tower 233 S Wacker	
CITY-ST-ZIP	Chicago IL 60606	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Don Edwards	
STREET ADDRESS	6100 Sears Tower 233 S Wacker	
CITY-ST-ZIP	Chicago IL 60606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 # 5120

CR2E034 (10/00)