

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90158 001 ***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

**3800 N Central
 Suite, Apt. #, etc.
 1000
 City & State
 Phoenix AZ
 Zip
 85012 - Country
 USA**

3. Mailing Address

**3500 W Peterson Ave
 Suite, Apt. #, etc.
 400
 City & State
 Chicago IL
 Zip
 60659 - Country
 USA**



DO NOT WRITE IN THIS SPACE

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

**NRAI SERVICES, INC.
 526 EAST PARK AVENUE
 TALLAHASSEE FL 32301**

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.

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FELIPE, NOEL	
STREET ADDRESS	7715 NORTHWEST 48TH STREET	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	SCD	<input checked="" type="checkbox"/> Delete
NAME	CRAIG, MARTIN Z	
STREET ADDRESS	600 CENTRAL AVENUE, SUITE 325	
CITY-ST-ZIP	HIGHLAND PARK IL 60035	
TITLE	D	<input type="checkbox"/> Delete
NAME	NOLAN, JOE	
STREET ADDRESS	6100 SEARS TOWER 233 S WACKER	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EDWARDS, DON	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President / Director / CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David H Langsam	
STREET ADDRESS	3500 W Peterson Ave #400	
CITY-ST-ZIP	Chicago IL 60659	
TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Gecsey	
STREET ADDRESS	3500 W Peterson Ave #400	
CITY-ST-ZIP	Chicago IL 60659	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Craig Bondy	
STREET ADDRESS	6100 Sears Tower	
CITY-ST-ZIP	Chicago IL 60606	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dennis Cunningham	
STREET ADDRESS	4450 River Green Pkwy Suite 200	
CITY-ST-ZIP	Duluth GA 30096	
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		

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

William Gecsey 1/17/02 773/250-0122

Date

Daytime Phone #

CR2E034 (9/01)