

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90135 024 ***150.00

DOCUMENT # G75563

1. Entity Name
ANDREW KINTEC INC.



Principal Place of Business
**2908 NATIONAL DRIVE
GARLAND TX 75041**

Mailing Address
**10500 W. 153RD STREET
ORLAND PARK IL 60462**

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 **59-2361466**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	ENGLISH, FLOYD L	
STREET ADDRESS	10500 W. 153RD STREET	
CITY-ST-ZIP	ORLAND PARK IL 60462	
TITLE	V	<input type="checkbox"/> Delete
NAME	LEE, JAMES F	
STREET ADDRESS	10500 W. 153 STREET	
CITY-ST-ZIP	ORLAND PARK IL 60462	
TITLE	V	<input type="checkbox"/> Delete
NAME	MARUSZAK, GREGORY F	
STREET ADDRESS	10500 W. 153RD STREET	
CITY-ST-ZIP	ORLAND PARK IL 60462	
TITLE	V	<input type="checkbox"/> Delete
NAME	TONG, G	
STREET ADDRESS	10500 W. 153 STREET	
CITY-ST-ZIP	ORLAND PARK IL 60462	
TITLE	S	<input type="checkbox"/> Delete
NAME	PETELLE, J F	
STREET ADDRESS	10500 W. 153RD STREET	
CITY-ST-ZIP	ORLAND PARK IL 60462	
TITLE	T	<input type="checkbox"/> Delete
NAME	GITTELMAN, M H	
STREET ADDRESS	10500 W. 153RD STREET	
CITY-ST-ZIP	ORLAND PARK IL 60462	

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	
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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

VP + Treasurer

1/16/03

Date

Daytime Phone #

CR2E034 (10/02)