## 2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address
2335 SANDERS ROAD

NORTHBROOK IL 60062-6108

## **DOCUMENT # J71557**

1. Entity Name

Principal Place of Business

IL 60062-6108

SANDERS ROAD

**SIGNATURE:** 

LAKE UTILITY SERVICES, INC.

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4.	FEI Number 36-3705514		<u> </u>	oplied For ot Applicable	
Zip	Country	Zip	Country	5.	Certificate of Status Desired		8.75 Add	fitional	
6: Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324			Street A	Street Address (P.O. Box Number is Not Acceptable)					
			City			FL	Zip Code	e e	
SIGNATURE .  9. This corporate fling records	Signature, typed or printed name of registered agent a praction is eligible to satisfy its Intangible equirement and elects to do so.	nd title if applicable. (NOTE	E Registered Agent signat	ure required when r		DATE		O May Be	
11.	OFFICERS AND	DIRECTORS	12.	Α[	DITIONS/CHANGES TO OFFIC	CERS AND D	IRECTOR	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO CAMAREN, JAMES 2335 SANDERS ROAD NORTHBROOK IL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[	Change	Addition &	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS DEMAREE, DAVID 2335 SANDERS ROAD NORTHBROOK IL	<b>XXX</b> elete	TITLE NAME STREET ADDRESS CITY-ST-ZIP -	2335 S	, ANDREW ANDERS RD ROOK, -IL	χį	<b>©</b> KChange	☐ Addition   C	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHUMACHER, LAWRENCE 2335 SANDERS ROAD NORTHBROOK IL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WENZ, CARL 2335 SANDERS RD NORTHBROOK IL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			I	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS DOPUCH, ANDREW 2335 SANDERS ROAD NORTHBROOK IL	XXXelete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2335 S	, DAVID ANDERS RD ROOK, IL		Change	<b>EXA</b> dition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RASMUSSEN, DONALD 200 WEATHERSFIELD AV ALTAMONTE SPRINGS, F		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.									

**FILED** 

May 03, 2000 8:00 am Secretary of State

847-498-6440

05-03-2000 90010 004 \*\*\*150.00