## **FILED** 2001 UNIFORM BUSINESS REPORT (UBR) Feb 28, 2001 8:00 am Secretary of State **DOCUMENT # K13205** 1. Entity Name GJK, INCORPORATED -28-2001 90018 027 \*\*\*150.00 Principal Place of Business Mailing Address 1520 KENSINGTON ROAD, SUITE 201 1520 KENSINGTON ROAD. SUITE 201 OAK BROOK IL 60521 OAK BROOK IL 60521 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Ant. #. etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 36-3624673 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WHEELER, CAROLINE Street Address (P.O. Box Number is Not Acceptable) C/O ABERCROMBIE & KENT 9301 NO A1A VERO BEACH FL 32963 Zip Code FL 8. The above named lbmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) $\Box$ Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI £ TITLE Change Addition CR2E034 (10/00 ☐ Delete KENT. GEOFFREY J. W. NAME NAME STREET ADDRESS 9301 N AIA S1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL Delete TITLE Change Addition TITLE KENT, JORIE BUTLER NAME NAME STREET ADDRESS 9301 N AIA S1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP vero beach fl Change Addition ☐ Delete TITLE TITLE WHEELER, CAROLINE NAME NAME STREET ADDRESS STREET ADDRESS 9301 N A1A CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32963 Change ☐ Delete TITLE ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 associate with an associate the empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/16/01

Daytime Phone #