2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

OAK BROOK IL 60521

DOCUMENT

K13205

1. Entity Name

GJK, INCORPORATED

Principal Place of Business

2. Principal Place of Business

OAK BROOK IL 60521

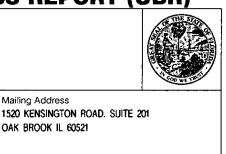
Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

1520 KENSINGTON ROAD, SUITE 201



FILED Jan 30, 2003 8:00 am Secretary of State

01-30-2003 90115 050 ***150.00

90014001

| ☐ CHECK HERE IF MAKING | CHANGES |
|---|--|
| 4. FEI Number ac accuse 70 | Applied For |
| 36-3624673 | Not Applicable |
| | \$8.75 Additional Fee Required |
| 7. Name and Address of New Registered A | gent |

DATE

WHEELER C/O ABEI 9301 NO VERO BE

| | 1 Maine | | | |
|---|--|----------|-------------------------|---|
| CAROLINE | • | | | |
| R, CAROLINE | Street Address (P.O. Box Number is Not Acceptable) | | | |
| RCROMBIE & KENT | , | | | |
| A1A | | | | |
| ACH FL 32963 | City | FL | Zip Code | - |
| | - | | | |
| e named entity submits this statement for the purpose of changing its registers | ed office or registered agent, or both, in the State of Florida. | l am fam | niliar with, and accept | |

(NOTE: Registered Agent signature required when reinstating)

| 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 accep |
|----|--|-------------------------------|
| | the obligations of registered agent. | |
| | | |

Country

Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

Country

6. Name and Address of Current Registered Agent

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be

OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE CPD ☐ Delete TITLE Change Addition NAME KENT, GEOFFREY J. W. NAME STREET ADDRESS 9301 N AIA S1 STREET ADDRESS CITY-ST-ZIP VERO BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME KENT, JORIE BUTLER NAME STREET ADDRESS 9301 N AIA S1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP vero beach fl TITLE Change ☐ Addition ŤÍŤI F ☐ Delete NAME WHEELER, CAROLINE NAME STREET ADDRESS STREET ADDRESS 9301 N A1A CITY-ST-7IP CITY-ST-ZIP vero Beach FL 32963 ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 attachmer

SERETARY JAN. 20, 2003