

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90184 018 \*\*\*\*55.00

**DOCUMENT # L01000010441**

1. Entity Name

**402F, LLC**

Principal Place of Business

**1075 EASTGATE DR., STE. 4  
P.O. BOX 787  
O'FALLON IL 62269**

Mailing Address

**1075 EASTGATE DR., STE. 4  
P.O. BOX 787  
O'FALLON IL 62269**

2. Principal Place of Business

**1716 Corporate Crossing**

3. Mailing Address

**P.O. Box 787**

Suite, Apt. #, etc.

**2**

Suite, Apt. #, etc.

City &amp; State

**O'Fallon, IL**

City &amp; State

**O'Fallon, IL**

4. FEI Number

**37-1411867**

Applied For

Not Applicable

Zip

Country

**St. Clair**

Zip

Country

**St. Clair**5. Certificate of Status Desired ☒**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	Member	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Robert G. Wolfe		
STREET ADDRESS	6 Hunters Point		
CITY-ST-ZIP	O'Fallon, IL 62269		

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			

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			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

**SIGNATURE:****SIGNATURE REQUIRED****Robert G. Wolfe, Member February 27, 2002 (618) 624-2200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)