2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000748

1. Entity Name

VAL GROUP, L.C.

FILED

01 JUL 25 AM 8: 47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O JAMES A. VALENTINE 525 EDGEMONT LANE PARK RIDGE IL 60068	C/O JAMES A. VALENTINE 525 EDGEMONT LANE PARK RIDGE IL 60068

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 **36-4093754** — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEXIS DOCUMENT SERVICES, INC. 3953 W. W. KELLY RD. 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.

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 September 26, 2001

000004510030--2
-07/31/01--01079--024
*****55.00   *****55.00

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGRM NAME VALENTINE, MATHIAS A STREET ADDRESS 2299 BUSSE RD. CITY-ST-ZIP ELK GROVE VILLAGE IL 60007	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE MGRM NAME VALENTINE, MARY STREET ADDRESS 2299 BUSSE RD. CITY-ST-ZIP ELK GROVE VILLAGE IL 60007	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE MGRM NAME VALENTINE, JAMES A STREET ADDRESS 2299 BUSSE RD. CITY-ST-ZIP ELK GROVE VILLAGE IL 60007	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition

CR2E083 (5/01)

STAPLE CHECK HERE

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 608, Florida Statutes.

SIGNATURE: _Mary Valentine_   SIGNATURE REQUIRED   7/3/01   847-698-4232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #