

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90202 024 ****50.00

DOCUMENT # MO1000000353

1. Entity Name

BANG & OLUFSEN RETAIL, LLC

Principal Place of Business

1200 BUSINESS CENTER DR. #100
 MT. PROSPECT IL 60056

Mailing Address

1200 BUSINESS CENTER DR. #100
 MT. PROSPECT IL 60056

2. Principal Place of Business

3. Mailing Address

780 W. Dundee

780 W. Dundee

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Arlington Heights, IL

City & State

Arlington Heights, IL

Zip

Country

60004

Cook

Zip

Country

60004

Cook

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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: Regional Manager
 NAME: Lawrence Davis
 STREET ADDRESS: 780 W. Dundee
 CITY-ST-ZIP: Arlington Heights, IL 60004

10. ADDITIONS/CHANGES

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
☐ Change ☐ Addition

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 CITY-ST-ZIP:
☐ Change ☐ Addition

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:

WAGNER **REQUIRED**

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

Date

Daytime Phone #

4/21/02 847/590-4940

CR2E083 (9/01)