2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

M78174 **DOCUMENT #**

LAKE HILLS UTILITIES, INC.



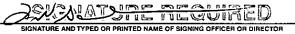
FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90534 008 ***150.00

Principal Place 200 WEATHER ALTAMONTE S US	RFIELD AVENU SPRINGS FL :	JE 32714	Mailing Address 2335 SANDERS ROAD NORTHBROOK IL 60062 US													
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES								
City & State				City & State			4. FEI Number 59-28876			288760)5			oplied For ot Applicable		
Zip Country				Zip C			ountry			Status	s Desired	4		8.75 Ad ee Require	ditional	
	ed Agent				7. Nam	e and A	ddres	s of New	v Regi	stered A	gent					
OT CODD	ODATION O	WOTEM				Name				,						
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD							Street Address (P.O. Box Number is Not Acceptable)									
PLANTATION FL 33324																
,						City						FL Zip Code				
the obligat	named entitions of regist	y submits this statement for ered agent.	or the purp	ose of changing its	registere	ed office or	registered	l agent,	or both,	in the	State of	Florida	a. I am fa	amiliar with,	and accept	
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if app	olicable. (NOTE	E: Registere	d Agent signati	ure required wh	nen reinstal	ing)				DATE			
After	r May 1, 200	I FEE IS \$150.00 33 Fee will be \$550.00 5 Florida Department o	f State								ımpaign Contribu		cing)0 May Be d to Fees	
10.	t	OFFICERS AND	DIRECTO	PRS	11.		•	ADDIT	IONS/C	HANG	ES TO O	FFICE	RS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		I, JAMES DERS ROAD OOK IL 60062		☐ Delete										☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2335 SAN	CHER, LAWRENCE DERS ROAD OOK IL 60062		☐ Delete			PRE	SID	ENT	4	CF	0		★ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200 WEAT	SEN, DONALD HERSFIELD AVE TE SPRINGS FL		□ Delete										☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete										☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete										☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete								,		☐ Change	Addition	

12. I hereby certify that the information supplied with this filling 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 attachment with an address, with all other like empowered.

SIGNATURE: ∠



847-498- 444D Daytime Phone #