2000 UNIFORM BUSINESS REPORT (UBR)

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DOCÚI	MENT # M9	9000000264			•	FILED		
1. Entity Name HEADS & THREADS INTERNATIONAL LLC				CO MAY -2 AMII: 25				
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		A A Maria Andrea			TALLAN	ASSEE, F	LORIDA	
rincipai Piaci 2727 SHERMEI	ce of Business	Mailing Address 2727 SHERMER ROAD						
ORTHBROOK		NORTHBROOK IL 60062-7	7708					
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. Principal P	Place of Business	3. Mailing Address						
		Cuito Ant # ota	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WI	HITE IN THIS S	SPACE	
City & State	le cause se	City & State		4. FE	Number 36-427527	71		oplied For ot Applicable
Zip	Country	Zip	Country	. 5.00	rtificate of Status Desired	, n	\$5.00 Add	ditional
	6. Name and Address of C	Current Registered Agent	<u> </u>		me and Address of New	<u> </u>	Fee Require	d
	v. Hame and Address of C	Sarrous Hogisterou Agent	Name	-	uji - i i i i i i i i i i i i i i i i i i			
C T CORPORATION SYSTEM			Stree	Street Address (PO. Box Number is Not Acceptable)				
	ITH PINE ISLAND ROAD ON FL 33324							
FLAMIAIN	ON FL 33324		City			FL	Zip Cod	e
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. The above	named entity submits this state	ement for the purpose of changing its	registered office	or registered agen	t, or both, in the State of	Florida.		
	named entity submits this state	red agent and title if applicable. (NOT	E: Registered Agent sig	nature required when reins		PIORIGA.		
		red agent and title if applicable. (NOT	E: Registered Agent sig	nature required when reins				
		red agent and title if applicable. (NOT	E: Registered Agent sig	nature required when reins	tating)	DATE		
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SIGNATURE _	Signature, typed or printed name of register	red agent and title if applicable. (NOT	E: Registered Agent sig OW!!! FEE IS ayable to Depa	nature required when reins	tating)	DATE	Change	Addition
D. TILE IAME STREET ADDRESS	Signature, typed or printed name of register MANAGING MGR SISMONDO, PETER R 375 PARK AVENUE	red agent and title if applicable. (NOT FILE N Make Check Pa	OW!!! FEE IS ayable to Department of the street Address	stature required when reins \$ \$50.00 artment of State	tating)	DATE		Addition
). ITLE AME TREET ADDRESS	Signature, typed or printed name of register MANAGING MGR SISMONDO, PETER R	FILE No. Make Check Participation MEMBERS/MEMBERS Delicition	E: Registered Agent signowall! FEE IS ayable to Department 10.	\$ \$50.00 artment of State	ADDITION	DATE		Addition
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