

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000264

1. Entity Name  
HEADS & THREADS INTERNATIONAL LLC

Principal Place of Business  
2727 SHERMER ROAD  
NORTHBROOK IL 60062

Mailing Address  
2727 SHERMER ROAD  
NORTHBROOK IL 60062

FILED

01 JUL 27 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

200 KENNEDY DR.

3. Mailing Address

200 KENNEDY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SAYREVILLE NJ

City & State

SAYREVILLE NJ

4. FEI Number 36-4275271

Applied For

Not Applicable

Zip

Country

08872 MIDDLESEX

Zip

Country

08872 MIDDLESEX

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGR  
NAME SISMONDO, PETER R  
STREET ADDRESS 375 PARK AVENUE  
CITY-ST-ZIP NEW YORK NY 10152 ☐ Delete

TITLE MGR  
NAME WRENN, MICHAEL T  
STREET ADDRESS 2727 SHERMAN ROAD  
CITY-ST-ZIP NORTHBROOK IL 60062 ☐ Delete

TITLE MGR  
NAME SCHONHOLTZ, STEVEN R  
STREET ADDRESS 200 KENNEDY DRIVE  
CITY-ST-ZIP SAYREVILLE NJ 08872 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
400004509844-5  
-07/31/01-01067-020  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

TITLE MGR  
NAME HAGGERTY, DONALD  
STREET ADDRESS 200 KENNEDY DR.  
CITY-ST-ZIP SAYREVILLE NJ 08872 ☐ Change ☒ Addition

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

TITLE  
NAME  
STREET ADDRESS  
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:

Myxma Newman Vice President Finance 6:27:1

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

Date

Daytime Phone #

0028076 AF

CR2E083 (11/00)

732-727-5800