2000 UNIFORM BUSI	NESS REF	PORT	(ŲBŖ)	APPROVI AND	LU .		
OCUMENT # M9900001938 Entity Name			r .	FILED 00 MAY 30 AM	11:45		
DONTEL INTERNATIONAL L.L.C.			4 30 C	SECRETARY OF TALL AHASSEE.			
Principal Place of Business 1400 S. Wolf RD.	Mailing Address			ALLANASSECT	1 hr (214) m 14		
Ste. 105 Same Wheeling, Ill 60090							
2. Principal Place of Business Wheeling July	3. Mailing Address	re					
Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For			
City & State Zip Country	City & State	Coi	untry	4. FEI Number 3 to -419 424 5. Certificate of Status Desired	9.2		ot Applicable
6. Name and Address of Current F	Registered Agent			7. Name and Address of New	- Fe	e Require	
National Corporate +	Research	HD.	Street Address	ss (P.O. Box Number is Not Accepta	ble)		
1406 Hays St. Ster 2 Tallahassee, FL 320301			City		FL	Zip Cod	e
8. The above named entity submits this statement for SIGNATURE	_		SANDULS	stered agent, or both, in the State of	_ 1	0/00	
Signature, typed printed name of registered agent at	FILI Make Checi	E NOW!!! k Payable	FEE IS \$50.0 to Departmen	00 t of State	2011110		
MANAGING MEMBE TITLE MG RM C & O NAME DONALD R SANDE STREET ADDRESS NOC 5 - WOLF R6	Delete	N/ ST	TLE AME TREET ADDRESS	ADDITION	NS/CHANGES] Change	☐ Addition
TITLE MGRM PROSIDENT NAME STREET ADDRESS 1400 S. WOLF RD	<u>200190</u> ☐ Delete Ste. 105	TI NA	TY-ST-ZIP TLE AME TREET ADDRESS		2931	Change	Addition
OITY-ST-ZIP - wheeling _ III		CI	TY-ST-ZIP	****	*50.00 *	- '	0.00 □'Addition
NAME		ST	TREET ADDRESS TY-ST-ZIP			·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	N/ ST	TLE AME REET ADDRESS TY-ST-ZIP			Change	Addition
TITLE NAME STREET AD RESS	☐ Delete	TI'	TLE AME REET ADDRESS		Ε] Change	☐ Addition
CITY-ST-4P 3 TITLE 1 NAME 49 STREET ADDRESS	☐ Delete	III N/	TY-ST-ZIP FLE AME REET ADDRESS		Е] Change	☐ Addition
11. I hereby certify that the information supplied with indicated on this report is true and accurate and timited liability company or the receiver or trustee.	that my signature shall h	fy for the ex	ne legal effect as	if made under oath: that I am a ma	es. I further certify naging member o	that the i	nformation er of the
SIGNATURE: SIGNATURE AND TYPED OR PRIN	TED NAME OF SIGNING MANA	BRUCE GING MEMBER		urs 3/20/00	841 Daytii	465 me Phone #	1069