

FILED
May 27, 2003 8:00 am
Secretary of State

04-28-2003 90491 039 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000048326			
1. Entity Name LABRADOR UTILITIES, INC.			
Principal Place of Business 2335 SANDERS RD. NORTHBROOK IL 60062		Mailing Address 2335 SANDERS RD. NORTHBROOK IL 60062	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 01-0680759		Applied For Not Applicable	
5. Certificate of Status Desired ☐		58.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRANNAN, ROBERT C ESQ. ROSE, SUNDBROM & BENTLEY, LLP 2548 BLAIRSTONE PINES DR. TALLAHASSEE FL 32301		7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEMS Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD City PLANTATION FL Zip Code 33324	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE CT CORPORATION SYSTEMS		James M. Halpin Assistant Secretary 5/14/03	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$650.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution... \$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO CAMAREN, JAMES L 2335 SANDERS RD. NORTHBROOK IL 60062 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN & CEO ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHUMACHER, LAWRENCE 2335 SANDERS RD. NORTHBROOK IL 60062 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT & CFO ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO RASMUSSEN, DONALD 2335 SANDERS RD. NORTHBROOK IL 60062 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. 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 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: <u>LAWRENCE N. SCHUMACHER</u>		4/23/03 847-498-6440	
LAWRENCE N. SCHUMACHER, PRES. & CFO			

CR2E034 (10/02)