

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000094100

1. Entity Name
ICC COMPUTER RENTAL INC.



Principal Place of Business
9025 BOGGY CREEK ROAD
SUITE 4
ORLANDO, FL 32824 OC

Mailing Address
601 W. CAMPUS DRIVE
SUITE B-3
ARLINGTON HEIGHTS, IL 60004 CC

DO NOT WRITE IN THIS SPACE



07282004 No Chg-P CR2E034 (10/03)

4. FEI Number
36-2995167

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GANPAT, JAIN M
9025 BOGGY CREEK ROAD
SUITE 4
ORLANDO, FL 32824

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000169246
08/02/04-80016-018 550.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME GANPAT, JAIN M
STREET ADDRESS 59 HILLBURN LN
CITY-ST-ZIP NORTH BARRINGTON, FL 60010

TITLE S
NAME JAIN, MADHN
STREET ADDRESS 59 HILLBURN LN.
CITY-ST-ZIP NORTH BARRINGTON, IL 60010

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Ganpat Jain (GANPAT M JAIN) PRES 7-30-04

(847) 394-0200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #