

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 90560 026 ***150.00

DOCUMENT # P07174

1. Entity Name

MARCONI DATA SYSTEMS INC.

Principal Place of Business

**1500 MITTEL BLVD.
WOOD DALE IL 60191**

Mailing Address

**1500 MITTEL BLVD.
WOOD DALE IL 60191**

455174



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-2822116

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **OVPF** ☒ Delete
NAME: **MCLAUGHLIN, R.J.**
STREET ADDRESS: **1500 MITTEL BLVD.**
CITY-ST-ZIP: **WOOD DALE IL**

TITLE: **VP-Finance** ☐ Change ☒ Addition
NAME: **M. S. Kuhn**
STREET ADDRESS: **1500 Mittel Blvd**
CITY-ST-ZIP: **Wood Dale, IL 60191**

TITLE: **PD** ☒ Delete
NAME: **BAUER, C E**
STREET ADDRESS: **1500 MITTEL BLVD**
CITY-ST-ZIP: **WOOD DALE IL 60191**

TITLE: **President** ☐ Change ☒ Addition
NAME: **C. B. Purse**
STREET ADDRESS: **1500 Mittel Blvd**
CITY-ST-ZIP: **Wood Dale, IL 60191**

TITLE: **VPS** ☒ Delete
NAME: **TRUSDELL, L.M.**
STREET ADDRESS: **1500 MITTEL BLVD.**
CITY-ST-ZIP: **WOOD DALE IL 60191**

TITLE: **Secretary & Director** ☐ Change ☒ Addition
NAME: **C.C. McMahon**
STREET ADDRESS: **2099 Pennsylvania Ave - 12th Floor**
CITY-ST-ZIP: **Washington, DC 20006**

TITLE: **VPHS** ☐ Delete
NAME: **RALPH, B.R.**
STREET ADDRESS: **1500 MITTEL BLVD.**
CITY-ST-ZIP: **WOOD DALE IL 60191**

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

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: **Director** ☐ Change ☒ Addition
NAME: **P. W. Allender**
STREET ADDRESS: **2099 Pennsylvania Ave - 12th Floor**
CITY-ST-ZIP: **Washington, DC 20006**

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: **Director** ☐ Change ☒ Addition
NAME: **J. H. Dittkoff**
STREET ADDRESS: **2099 Pennsylvania Ave - 12th Floor**
CITY-ST-ZIP: **Washington, DC 20006**

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark S. Kuhn 4/24/02 630-860-7300

Date

Daytime Phone #

CR2E034 (9/01)