2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P12585 DOCUMENT

1. Entity Name

EDWARD DON & COMPANY

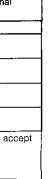
Principal Place of Business 2500 S. HARLEM AVE. NORTH RIVERSIDE IL 60546				Mailing Address 2500 S. HARLEM AVE. NORTH RIVERSIDE IL 60546 US				1.10.411.00.41				
2. Principal F	Place of Business	3. Mailing Address							HI BIBII BIA		INDIA DI DATA HADA	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & Sta	te	City & State					4. FEI Number 36-2081964 Applied For Not Applicable					
Zip	C	Country	Zip		Coun	try		5. Certificate of Sta	atus Desired		\$8.75 Ac Fee Requir	ditional
	6. Name and	Address of Current I	Register	ed Agent -				7. Name and Add	ress of New Reg	istered /	Agent	
THE BBEN	TOF 1141 00	DDODATION OVOTE				Name						
	ntice-Hall co 's street	VI INC.			Street Address (P.O. Box Number is Not Acceptable)							
SUITE 105								•				
TALLAHAS	SSEE FL 32301				City	FL Zip Code					de	
	e named entity sub tions of registered	omits this statement for agent.	the purp	oose of changing its	registere	ed office or reg	stered	d agent, or both, in t	the State of Florid	a. I am f	familiar with	, and accept
SIGNATURE		nted name of registered agent a	nd title if app	olicable. (NOTE	: Registered	d Agent signature rec	uired w	hen reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of				State			_	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10		OFFICERS AND	DIRECTO	RS	11.			ADDITIONS/CHAI	NGES TO OFFICE	RS AND	DIRECTOR	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DON, STEVEN 2500 S. HARLI NORTH RIVER:	EM AVE.		☐ Delete	1						Change	Addition
TITLE	V			☐ Delete	TITLE						☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	JONES, JAMES 2500 S. HARLI NORTH RIVERS	em ave.				E Et adoress -St-Zip						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JONES, JAMES 2500 S. HARLI NORTH RIVERS	S P Em avenue	.	□ Delete					a €.	-	☐ Change	Addition:
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DON, ROBERT 2500 S. HARLI NORTH RIVERS	E. EM AVE.	-	☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEDER, ALLAN 2500 S. HARLE NORTH RIVERS	I A. EM AVE.		⊠ Delete		ı					☐ Change	☐ Addition
TITLE NAME				☐ Delete	TITLE				····		Change	☐ Addition

STREET ADDRESS CITY-ST-ZIP

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

FILED May 05, 2003 8:00 am Secretary of State

05-05-2003 90239 020 ***150.00



with all other like empowered

SIGNATURE:

changed, or on an attachment with an address

STREET ADDRESS

CITY-ST-ZIP