

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P13277

1. Entity Name

TIMEMED LABELING SYSTEMS, INC.

Principal Place of Business

144 TOWER DRIVE  
BURR RIDGE IL 60521

Mailing Address

144 TOWER DRIVE  
BURR RIDGE IL 60521

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 36-2286840

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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, 2001 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

TITLE	V	<input type="checkbox"/> Delete
NAME	JOHNSON, CHARLES E	
STREET ADDRESS	144 TOWER DRIVE	
CITY-ST-ZIP	BURR RIDGE IL	
TITLE	P	<input type="checkbox"/> Delete
NAME	NERAD, JERRY	
STREET ADDRESS	144 TOWER DRIVE	
CITY-ST-ZIP	BURR RIDGE IL 60521	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NERAD, ANN	
STREET ADDRESS	144 TOWER DRIVE	
CITY-ST-ZIP	BURR RIDGE IL	
TITLE	CTD	<input type="checkbox"/> Delete
NAME	NERAD, JOHN	
STREET ADDRESS	144 TOWER DRIVE	
CITY-ST-ZIP	BURR RIDGE IL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MISSIMER, ROGER	
STREET ADDRESS	2721 SCENIC DR	
CITY-ST-ZIP	NO MUSKEGON MI	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOOD, JAMES W	
STREET ADDRESS	790 FRONTAGE RD	
CITY-ST-ZIP	NORTHFIELD IL 60093	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

Date

Daytime Phone #

CHARLES E. JOHNSON

4-19-01 630-734-7209

FILED  
Apr 24, 2001 8:00 am  
Secretary of State

04-24-2001 90066 046 \*\*\*150.00

955105



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)