

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90190 025 \*\*\*150.00

FILED  
AT

**DOCUMENT # P13277**

1. Entity Name  
**TIMEMED LABELING SYSTEMS, INC.**



Principal Place of Business  
**144 TOWER DRIVE  
BURR RIDGE IL 60527**

Mailing Address  
**144 TOWER DRIVE  
BURR RIDGE IL 60527**

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**

☐ CHECK HERE IF MAKING CHANGES



## 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when 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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE	FCO	<input type="checkbox"/> Delete
NAME	OPELKA, MARILYN	
STREET ADDRESS	144 TOWER DRIVE	
CITY-ST-ZIP	BURR RIDGE IL 60527	
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 checked="" 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	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AMY NERAD NELSON	
STREET ADDRESS	5048 WOODLAND	
CITY-ST-ZIP	WESTERN SPRINGS, IL 60558	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JULIE NERAD	
STREET ADDRESS	1420 W. FLETCHER - UNIT 2	
CITY-ST-ZIP	CHICAGO, IL 60657	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JASON NERAD	
STREET ADDRESS	420 EAST FOURTH STREET	
CITY-ST-ZIP	HINSDALE, IL 60521	
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		

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:** MARILYN OPELKA **4-26-03** **630-986-1800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)