2000 UNIFORM BUSINESS REPORT (UBR)						
DOCUMENT # P18609				FI SECRETAR DIVISION OF C	LED Y OF STATE	neie:
ZENITH VIDEO TECH CORPORATION - FLORIDA				JIMISIUM UF 1	JUKPUKAHU	
Principal Place of Business	•		01 JAN -3	3 AM 11:42		
1000 MILWAUKEE AVENUE	Mailing Address 1000 MILWAUKEE AVENUE	•				
GLENVIEW IL 60025 US	GLENVIEW IL 60025 US	GLENVIEW (L. 60025 US				
				()00/(00/ 10) (100/ 100/ 100/ 00/ 00/ 00/ 00/	AIREN ATAN ENAM ANAU ATAN	HERLENI KANS
2. Principal Place of Business	3. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.			reinichayeini	HS SPACE /	9
City & State	City & State			76-3573328		plied Fier
Zip Country Zip		Country		5. Certificate of Status Desired \$8.75 Additional Fee Required		
6. Name and Address of Current R	egistered Agent		7. [Name and Address of New Registe		
CT CORPORATION SYSTEM		Name				
1200 S. PINE ISLAND ROAD		Street A	Street Address (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324						
		City	FL Zip Code			e
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. James M. Halpin						
SIGNATURE Signature, typed or printed name of registered agent and titled applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE						
9. This comporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00						
Tax filing requirement and elects to do so. (See criteria on back) After SEPTEMBER 13, Make Check Payable		2000 Min. will	be \$750.00	-10Election Campaign Financing Trust Fund Contribution.		O May Be to Fees
11. OFFICERS AND D	<u></u>	12.		 DITIONS/CHANGES TO OFFICERS	AND DIRECTORS	S IN 11
TITLE PD NAME GANNON JEFERFY P	Delete	TITLE			☐ Change	Addition 8
NAME GANNON, JEFFREY P 1000 MILWAUKEE AVENUE		NAME STREET ADDRESS		400003532354		□ Addition
CITY-ST-ZIP GLENVIEW IL 60025	CELITIEN IE 000E0			-01/11/01	01026 UU _*****7	OTO IM
NAME VITKUS, RICHARD	Delete	TITLE NAME		ቀቀቀቀ <u>1</u> 10 •	വല ∐ <u>പംവെയ</u> ങ്ങ	SULFADOLIS O
TREET ADDRESS 1000 MILWAUKEE AVENUE		STREET ADDRESS CITY-ST-ZIP				
CITY-ST-ZIP GLENVIEW IL 60025		TITLE			☐ Change	Addition
NAME KOPROWSKI, WAYNE M		NAME			_ •	
STREET ADDRESS 1000 MILWAUKEE AVENUE CITY-ST-ZIP GLENVIEW IL 60025		STREET ADDRESS CITY-ST-ZIP				
TITLE PD TOKJOO Lee	PD Delete TITI				☐ Change	☐ Addition
STREET ADDRESS 1000 MT Warkee Aven					/0/	
	TENVIEW , IL 600 25			\ \	(V)	Addition
NAME H.I.Jo	VD H.I.Jo □ Delete TITI			\mathcal{H}	Change	☐ Addition
street address 1000 M-I wankee Avenue s		STREET ADDRESS CITY-ST-ZIP		12		
		TITLE			☐ Change	☐ Addition
Beverly A. Wyckoff NA		NAME STREET ADDRESS				
CITY-ST-ZIP GALENVIEW, IL 600 15 CI		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 arreddress with all other like empowered.						
SIGNATURE: 5 G V V V V V V V V V V V V V V V V V V						