2003 FOR PROFIT CORPORATION INIFORM BUSINESS REPORT (UBR)

		OR PRO						A	F] Apr 25, 2 Secreta	ILE] 2003) am	0670851
DOCU	MENT #	[‡] P199	60										AB
1. Entity Nam									04-25-2003	90239 01	4 ***150.0	00	ω
GENSTAF	R CONTAIN	NER CORPORA	TION		/								
Principal Plac	ce of Business	,	•	g Address BROADWAY					***		•		
1660			1660										
OAKLAND CA 94607				OAKLAND CA 94607 US									
2. Principal F	Place of Busine	\$S	3. Maili	ing Address	-	· •		i i i		ENT	IJBAR BIBIJ BLBRI BI	0 0 0 01	
Suite, Apt.	. #, etc.		Suite	e, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & Stat	te		City	City & State			4.	FEI Num	94-2770444		<u> </u>	plied For t Applicable]
Zip		Country	Zip	Zip Coun			5.	Certifica	te of Status Desired		\$8.75 Add]
	6. Name a	nd Address of Curre	nt Registere	d Agent	-L		7.	Name ar	nd Address of New F	Registered	Agent		1
						Name							
	oration sy Pine Island					Street Address (P.O. Box Number is Not Acceptable)						1	
	ON FL 33324												1
						City	-			FL	Zip Code)	1
		submits this statemen	for the purpo	ose of changing it	s registere	ed office or re	gistered a	gent, or b	oth, in the State of Fl	orida. I am	familiar with,	and accept	1
the obligat	tions of register	ed agent.											
SIGNATURE	Signature, typed or	printed name of registered ag	ent and title if appli	icable. (NO	TE: Registere	d Agent signature	equired when	reinstating)		DATE			
° F	- -	FEE IS \$150.00	<u> </u>	· · · · · · · · · · · · · · · · · · ·	 -		`	 _					1
	• '	Fee will be \$550.0						1	Election Campaign Fil Trust Fund Contribution			May Be to Fees	
10.	K rayable to i	Florida Department OFFICERS AT		28	11.			DDITION	S/CHANGES TO OFF	EICERS AND	DIRECTORS	SINL11	-
TITLE	DP	0111023074	VD DITTED TO	Delete	TITLE	<u> </u>	DP		0/01/11/020 10 0/1	TOETIS 7 (14)	Change	Addition	ଷ
NAME	AMBLE, DA	/ID G		_ ******	NAM	E	JAM	ES T.	BREEDLOVE				(10/02)
STREET ADDRESS CITY-ST-ZIP	260 LONG I STAMFORD	RIDGE ROAD				ET ADDRESS - ST-ZIP			Ridge Road				-
TITLE	VPT	<u> </u>		Delete	TITLE		Sta DP	mtord	<u>, CT_06927_</u>		☐ Change	Addition	CR2E034
NAME	HYDE, JEFF	REY L		_ canala	NAM	E		HUR H	• HARPER		_ ,	*	0
STREET ADDRESS CITY-ST-ZIP	777 LONG I STAMFORD	RIDGE ROAD CT 06927				ET ADDRESS (-St-Zip	120	Long	FRidge Road				
TITLE	ATT		**	☐ Delete	TITLE			m rora c Pre	, CT 06927		☐ Change	Addition	1
NAME	AMATO, JOI				NAM	E ET ADDRESS			GROOMES				
STREET ADDRESS CITY-ST-ZIP	777 LONG F STAMFORD					-ST-ZIP			lark Street				
TITLE	OTAMI OTIO	01 00321		☐ Delete	TITLE	: -		•	IL60601		☐ Change	X Addition	7
NAME	j				NAM			asure HAEL	B. MCMAHON				
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP			lark Street				
TITLE				☐ Delete	TITLE		—— Chi VP	cago,	_IL-60601		☐ Change	Addition	1
NAME !					NAMI	I .		VER W	. R. CHAMPA	GNE. J	r.	Δ.	
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP	161	N. C	lark Street	-			
TITLE				☐ Delete	TITLE		VP	cago,	~IL 60601		☐ Change	▼ Addition	
NAME STREET ADDRESS	i				NAMI STRE	ET ADDRESS		DON 1.	. SCHROEDER				
CITY-ST-ZIP						-ST-ZIP			<u>larkSStreet</u>		ago, IL	60601]
12. I hereby of the cor	certify that the i	nformation supplied v or supplemental repor receiver of thistee en nment with an addres	vith this filing of t is true and a	does not qualify the courate and that would this report	or the exer my signat Las requir	mption stated ture shall have	in Continu	110.07/2	Wil Florido Statutos	I further ac	rtifu that the in	formation	
changed,	, or on an attac	hmen with an addres	s, with all oth	like empovered	d	T, The second	1						}

SIGNATURE:

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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attachment

1. Entity Nam					مي د رو ۴۰			
		Mailing Address 1111 BROADWAY 1660 OAKLAND CA 94607 US			11016943			
2. Principal F	Place of Business	3. Mailing Address						
Suite. Apt.	#, etc.	Suite. Apt. #. etc.			CHECK HERE IF MAKING CHANGES			
City & Stat	· ·	City & State			4. FEI Number 94-2770444		oplied For of Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Regis			
OT CODD	ODATION CVOTTA		Nam	ne	,			
	ORATION SYSTEM INE ISLAND ROAD		Stre	et Address (P.O. Box Number is Not Acceptable)			
	ON FL 33324							
			City			FL Zip Cod	e	
8. The above	named entity submits this statement for	or the purpose of changing its	registered offic	e or register	ed agent, or both, in the State of Florida		and accept	
the obligat	lions of registered agent.							
SIGNATURE	Signature, typed or printed name of registered agent	and title d applicable (NGT)	E: Registered Agent s	ionalise (equired	When revestation)	DATE	·	
drafile	ILE NOW!!! FEE IS \$150.00							
Afte	May 1, 2003 Fee will be \$550.00 Rayable to Florida Department o				S. Election Campaign Financ Trust Fund Contribution.	,	10 May Be d to Fees	
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTOR	S IN 11	
TITLE	DP	☐ Delete	TITLE	I	, CFO TER L. SEPE	Change	▼) Addition	
NAME STREET ADDRESS	AMBLE, DAVID G 260 LONG RIDGE ROAD		NAME STREET ADDRE	į.	ol N. Clark Street			
CITY - ST - ZIP	STAMFORD CT 06927		CITY-ST-ZIP	I	icago, IL 60601			
TITLE	VPT	☐ Delete	TITLE	VP		☐ Change	⋉ Addition	
NAME STREET ADDRESS	HYDE, JEFFREY L 777 LONG RIDGE ROAD		NAME STREET ADDRE	1	MES G. KACHIDURIAN			
CITY-ST-ZIP	STAMFORD CT 06927		CITY-ST-ZIP	1 10	l N. Clark Street icago, IL 60601			
TITLE	ATT	☐ Delete	TITLE	VP	Taxes. CASCIVI	Change	Addition	
NAME STREET ADDRESS	AMATO, JOHN 777 LONG RIDGE RD		NAME STREET ADDRE	1	SEPH T. CASSIDY		1	
CITY - ST - ZIP	STAMFORD CT 06927		CITY-ST-ZIP	//	7 Long Ridge Road amford, CT 06927		ļ	
TITLE		☐ Delete	THILE	I	-Taxes	Change	🙀 Addition	
NAME STREET ADDRESS			NAME STREET ADDRE	-cc	NNETH E. KEMPSON			
CITY-ST-ZIP			CITY-ST-ZIP	4.4.	7 Long Ridge Road amford, CT 06927		İ	
TITLE		☐ Delete	TITLE	L	amrord, C1_06927 -Taxes	Change	X) Addition	
NAME			NAME CTOSET ADDRES	OG"	NNA M FIAMMETTA			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRE	//	7 Long Ridge Road		ļ	
TITLE		Delete	TITLE	St	amford, CT 06927	☐ Change	Addition	
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRE	:SS	•		ļ	
	l		.6					

12. Thereby 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone =