

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90218 047 ***150.00

DOCUMENT # P24341

1. Corporation Name
ARCVENTURES, INC.

Principal Place of Business
820 WEST JACKSON BLVD
SUITE 800
CHICAGO IL 60607-3026
US

Mailing Address
820 WEST JACKSON BLVD
CHICAGO IL 60607-3026
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/16/1989

4. FEI Number
36-2549064

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THEODORPULOUS, TINA
100 SE SECOND ST SUITE 2000
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S ☒ DELETE
NAME BIRT, ELIZABETH A
STREET ADDRESS 738 WEST MELROSE
CITY-ST-ZIP CHICAGO IL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PCEO ☐ DELETE
NAME SINIORIS, MARIE E.
STREET ADDRESS 1140 KEYSTONE AVE.
CITY-ST-ZIP RIVER FOREST IL 60305

2.1 TITLE PCEO ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VTS ☐ DELETE
NAME DAVIS, R. ANTHONY
STREET ADDRESS 1505 COVENTRY
CITY-ST-ZIP MUNSTER IN 46321

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SVP ☐ DELETE
NAME FISCHER, EDWARD
STREET ADDRESS 937 ROSEWOOD LANE
CITY-ST-ZIP NAPERVILLE IL

4.1 TITLE V ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 60543

TITLE AT ☐ DELETE
NAME WINIARSKI, PETER C
STREET ADDRESS 6294 LAKEWOOD
CITY-ST-ZIP LISLE IL 60532

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE V ☐ DELETE
NAME ROBERTSON, JOHN
STREET ADDRESS P.O. BOX 448
CITY-ST-ZIP ILLIOPOLIS IL 62539

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

R. Anthony Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/99

(312) 258-5314

Date

Daytime Phone #

CR2E034 (11/98)