Apr 04, 2003 8:00 am Secretary of State

04-04-2003 90110 026 ***150.00

2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

P24621 **DOCUMENT #**

1. Entity Name



SQUARE D COMPANY					<i>)</i> 				
Principal Place of Business 1415 SOUTH ROSELLE ROAD PALATINE IL 60067		Mailing Address 1415 SOUTH ROSELLE ROAD PALATINE IL 60067							
2. Principal F	Place of Business	3. Mailing Address			-				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			-	CHECK HERE IF MAKING	CHANGES		
City & State		City & Sta		4. F	4. FEI Number 36-2440683 Applied For Not Applicable				
Zip	Country	Zip		Country	5. (\$8.75 Add	ditional	
	6. Name and Address of Current F		ent		7. N	Name and Address of New Registered		-	
O. Hame and Address of Outlett registored Agent				Name	·				
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD				Street Address	(P.O. B	lox Number is Not Acceptable)			
PLANTATION FL 33324									
·	ON TE GOOZY			City		FL	Zip Cod	e	
	named entity submits this statement for tions of registered agent.	the purpose of	changing its reg	istered office or registe	ered age	ent, or both, in the State of Florida. I am	amiliar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable.	(NOTE: Re	gistered Agent signature require	ed when re	einstating) DATE		<u></u>	
. Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State	-			9. Election Campaign Financing Trust Fund Contribution. C		0 May Be I to Fees	
10.	OFFICERS AND (DIRECTORS		11.	AD	DITIONS/CHANGES TO OFFICERS AND	DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT O'SHANNA, RICHARD J 8720 MADISON NILES IL 60714	C	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KURCZEWSKI, WALTER W. 2939 LAKE PLACID LANE NORTHBROOK IL	Ī	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICHARDSON, CHRIS 2321 TANGLEWOOD BRK LN BIRMINGHAM AL 35243		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT INENDINO, VINCENT A 1709 WATERVILLE LANE SCHAUMBURG IL 60194		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Ĺ	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	

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:

HANTS RECEASED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR