

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P24776

1. Entity Name
SIGNATURECARD, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90146 049 ***150.00

Principal Place of Business

Mailing Address

C/O DAN BLINDAUER
200 N. MARTINGALE RD.
SCHAUMBURG IL 60173-9096

C/O DAN BLINDAUER
200 N. MARTINGALE RD.
SCHAUMBURG IL 60173-2096

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-2877527**

Applied For
Not Applicable

Zip

Country

Zip

Country

60173-2096

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
PLANTATION FL 32301

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input checked="" type="checkbox"/> Delete
NAME	LINEN, WORTHINGTON W	
STREET ADDRESS	200 N. MARTINGDALE ROAD	
CITY-ST-ZIP	SCHAUMBURG IL	
TITLE	VPC	<input checked="" type="checkbox"/> Delete
NAME	OVER, JANICE M	
STREET ADDRESS	200 N. MARTINGDALE ROAD	
CITY-ST-ZIP	SCHAUMBURG IL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	EUWEMA, JOHN B	
STREET ADDRESS	200 N. MARTINGDALE ROAD	
CITY-ST-ZIP	SCHAUMBURG IL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CASEY, PATRICK J.	
STREET ADDRESS	200 N. MARTINGDALE ROAD	
CITY-ST-ZIP	SCHAUMBURG IL	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	MOYER, LYMAN C	
STREET ADDRESS	200 N. MARTINGDALE ROAD	
CITY-ST-ZIP	SCHAUMBURG IL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CEO / DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHRYN V. MARINELLO	
STREET ADDRESS	200 N. MARTINGDALE RD.	
CITY-ST-ZIP	SCHAUMBURG, IL 60173-2096	
TITLE	SR. V.P. / CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael J. BRANDT	
STREET ADDRESS	200 N. MARTINGDALE RD.	
CITY-ST-ZIP	SCHAUMBURG, IL 60173-2096	
TITLE	SR. V.P. / SEC. / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	60173-2096	
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		

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 an address, with all other persons empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

847-605-7390

Daytime Phone #

CR2E034 (9/99)