

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**  
02-28-2001 90007 025 \*\*\*150.00

**DOCUMENT # P25893**

1. Entity Name

**COMDISCO HEALTHCARE GROUP, INC.**

Principal Place of Business

Mailing Address

6111 N. RIVER RD  
ROSEMONT IL 60018  
US

6111 N. RIVER RD  
ROSEMONT IL 60018  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**36-3640329**

Applied For

Not Applicable

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

**CT CORPORATION-SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	VP PACEWICZ, EDWARD A 6111 N RIVER RD ROSEMONT IL 60018	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PONTIKES, WILLIAM N 6111 N RIVER RD ROSEMONT IL 60018	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDCF VOSICKY, JOHN J 6111 N RIVER RD ROSEMONT IL 60018	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERMAN, MICHAEL D 6111 N RIVER RD ROSEMONT IL 60018	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HEWES, PHILIP A 6111 N RIVER RD ROSEMONT IL 60018	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PONTIKES, NICHOLAS K 6111 N RIVER RD ROSEMONT IL 60018	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Jeremiah M. Fitzgerald 6111 N. River Road Rosemont, IL 60018	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

SIGNATURE:

*Michael D. Felish*  
Michael D. Felish  
Asst. Vice President

Date

02-16-01  
Daytime Phone #

CR2E034 (10/00)

**COMDISCO HEALTHCARE GROUP, INC.**  
**LIST OF OFFICERS & DIRECTORS**  
**2001**

*Attachment  
P25893*  
**STATEMENT #**\_\_\_\_  
36-3640329

**ADDRESS FOR ALL**  
**OFFICERS & DIRECTORS:**  
6111 N. River Road  
Rosemont, IL 60018

**ALL TERMS EXPIRE :**  
December 4, 2001

**DIRECTORS:**

Nicholas Pontikes  
William N. Pontikes  
John J. Vosicky

**OFFICERS:**

Michael D. Herman  
John J. Vosicky  
Lynn Dixon  
Charles A. Dale  
Lloyd Cockran  
William N. Pontikes  
Mike Kennedy  
Edward A. Pacewicz  
David Sook  
Wayne Tschirn  
Michael D. Felish  
Kimberly Fiedler

David J. Keenan  
David S. Reynolds  
Jeremiah M. Fitzgerald  
Dean Frankel

**OFFICE:**

President  
Chief Financial Officer  
Senior Vice President  
Vice President  
Vice President  
Vice President  
Vice President  
Vice President & Treasurer  
Vice President  
Vice President  
Assistant Vice President/Tax  
Assistant Vice President

Controller  
Assistant Controller  
Secretary  
Assistant Secretary