

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 21, 2002 8:00 am**  
**Secretary of State**

01-21-2002 90029 005 \*\*\*150.00

**DOCUMENT # P25893**

1. Entity Name

**COMDISCO HEALTHCARE GROUP, INC.**

Principal Place of Business

**6111 N. RIVER RD  
ROSEMONT IL 60018  
US**

Mailing Address

**6111 N. RIVER RD  
ROSEMONT IL 60018  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; 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

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

7. Name and Address of New Registered Agent

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, 2002 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

TITLE **VPT** ☒ Delete  
NAME **PACEWICZ, EDWARD A**  
STREET ADDRESS **6111 N RIVER RD**  
CITY-ST-ZIP **ROSEMONT IL 60018**TITLE **VD** ☐ Delete  
NAME **PONTIKES, WILLIAM N**  
STREET ADDRESS **6111 N RIVER RD**  
CITY-ST-ZIP **ROSEMONT IL 60018**TITLE **TDCF** ☒ Delete  
NAME **VOSICKY, JOHN J**  
STREET ADDRESS **6111 N RIVER RD**  
CITY-ST-ZIP **ROSEMONT IL 60018**TITLE **P** ☐ Delete  
NAME **HERMAN, MICHAEL D**  
STREET ADDRESS **6111 N RIVER RD**  
CITY-ST-ZIP **ROSEMONT IL 60018**TITLE **S** ☒ Delete  
NAME **FITZGERALD, JEREMIAH M**  
STREET ADDRESS **6111 N RIVER RD**  
CITY-ST-ZIP **ROSEMONT IL 60018**TITLE **D** ☒ Delete  
NAME **PONTIKES, NICHOLAS K**  
STREET ADDRESS **6111 N RIVER RD**  
CITY-ST-ZIP **ROSEMONT IL 60018**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CFO** ☐ Change ☒ Addition  
NAME **MICHAEL A. FAZIO**  
STREET ADDRESS **6111 N. RIVER RD.**  
CITY-ST-ZIP **ROSEMONT, IL 60018**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **VP/TREAS** ☐ Change ☒ Addition  
NAME **RON C. MISHLER**  
STREET ADDRESS **6111 N. RIVER ROAD**  
CITY-ST-ZIP **ROSEMONT, IL 60018**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **SEC** ☐ Change ☒ Addition  
NAME **ROBERT LACKEY**  
STREET ADDRESS **6111 N. RIVER RD.**  
CITY-ST-ZIP **ROSEMONT, IL 60018**TITLE **D** ☐ Change ☒ Addition  
NAME **NORMAN P. BLAKE**  
STREET ADDRESS **6111 N. RIVER RD.**  
CITY-ST-ZIP **ROSEMONT, IL 60018**

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:****SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL D. FELISH

AVP- TAX

01/011/2002

(847)698-3000

Date Daytime Phone #

CR2E034 (9/01)

**COMDISCO HEALTHCARE GROUP, INC.**  
**LIST OF OFFICERS & DIRECTORS**  
2002

attachment# p25893  
708097  
**STATEMENT #1**  
36-3640329

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

**ALL TERMS EXPIRE :**  
December 3, 2002

**DIRECTORS:**

Norman P. Blake  
William N. Pontikes  
Michael A. Fazio

**OFFICERS:**

Michael D. Herman  
Michael A. Fazio  
Lynn Dixon  
Charles A. Dale  
Lloyd Cockran  
William N. Pontikes  
Mike Kennedy  
Ron C. Mishler  
David Sook  
Wayne Tschirn  
Michael D. Felish  
Kimberly Fiedler  
David Reynolds  
Robert Lackey  
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  
Acting Controller  
Secretary  
Assistant Secretary