

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P32480

1. Entity Name

I.S.S. AGENCY, INC.

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90285 038 \*\*\*150.00

Principal Place of Business

Mailing Address

200 N MARTINGALE ROAD  
SCHAUMBURG IL 60173-2096  
US

C/O DAN BLINDAUER - 10F  
200 NORTH MARTINGALE ROAD  
SCHAUMBURG IL 60173-2096  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

60173-2096

4. FEI Number 36-3713657

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE 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  
NAME LINEN, WORTHINGTON W  
STREET ADDRESS 200 NORTH MARTINGALE ROAD  
CITY-ST-ZIP SCHAUMBURG IL ☒ Delete

TITLE CEO/DIRECTOR  
NAME KATHRYN V. MARINELLO ☐ Change ☒ Addition  
STREET ADDRESS 200 N. MARTINGALE RD.  
CITY-ST-ZIP SCHAUMBURG, IL 60173-2096

TITLE VS  
NAME EUWEMA, JOHN B  
STREET ADDRESS 200 N MARTINGALE ROAD  
CITY-ST-ZIP SCHAUMBURG IL ☐ Delete

TITLE SR.V.P./Sec./DIRECTOR  
NAME ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP 60173-2096

TITLE VPC  
NAME OVER, JANICE M  
STREET ADDRESS 200 N. MARTINGALE ROAD  
CITY-ST-ZIP SCHAUMBURG IL ☒ Delete

TITLE SR.V.P./CFO  
NAME Michael J. BRANDT ☐ Change ☒ Addition  
STREET ADDRESS 200 N. MARTINGALE RD.  
CITY-ST-ZIP SCHAUMBURG, IL 60173-2096

TITLE AS  
NAME MOYER, LYMAN C  
STREET ADDRESS 200 NORTH MARTINGALE ROAD  
CITY-ST-ZIP SCHAUMBURG IL ☒ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

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

4/24/00

Date

847-605-7380

Daytime Phone #

CR2E034 (9/99)