2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State
02-05-2001 90135 030 ***158.75

DOCUMENT # P33069

1. Entity Name
DATA CENTER DESIGN AND DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
630 NORTH COURT PALATINE IL 60067	630 NORTH COURT PALATINE IL 60067

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3155891 36-3155851 — ☐ 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	CPD ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	BOADO, EDUARDO	NAME	
STREET ADDRESS	23338 MALLARD COURT	STREET ADDRESS	
CITY-ST-ZIP	BARRINGTON IL	CITY-ST-ZIP	BARRINGTON - IL - 60010
TITLE	ST ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	BOADO, SHEILA T.	NAME	
STREET ADDRESS	23338 MALLARD COURT	STREET ADDRESS	
CITY-ST-ZIP	BARRINGTON IL	CITY-ST-ZIP	BARRINGTON - IL - 60010
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	NOESGES, RAYMOND	NAME	
STREET ADDRESS	622 RED HILL TRAIL-1B	STREET ADDRESS	
CITY-ST-ZIP	CAROL STREAM IL 60188	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KURCHINA, WAYNE J	NAME	
STREET ADDRESS	4104 W LAKE SHORE DR	STREET ADDRESS	
CITY-ST-ZIP	WONDER LAKE IL 60097	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	ASSISTANT TREASURER ☐ Change ☒ Addition
NAME		NAME	ALAN S. LANGSAM
STREET ADDRESS		STREET ADDRESS	7041 RFD
CITY-ST-ZIP		CITY-ST-ZIP	LONG GROVE IL 60060
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/00)

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: _____ VICE PRESIDENT 1-19-01 847-705-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #