## 2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # P33345** Sep 18, 2000 8:00 am Secretary of State WILSON UTC. INC. 09-18-2000 90017 048 \*\*\*550 00 Principal Place of Business Mailing Address 270 TERMINAL AVE. 270 TERMINAL ANE. 750 WALNUT AVE. 7<del>50 WALNUT AVE.</del> CLARK, NJ 07066 GRANFORD NU GTOBE CLARK, NJ 07066 US 2. Principal Place of Business 3. Mailing Address TERMINA 70 DO NOT WRITE IN THIS SPACE Suite Apt. #. etc Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 11-2218724 Not Applicable Country \$8.75 Additional US 5. Certificate of Status Desired 070 6K 0706 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Delete TITLE TITLE HEILSTROM, LARS NAME 270 TERMINAL AVE. NAME STREET ADDRESS 750 WALNUT AVE STREET ADDRESS CITY-ST-7/P CRANFORD NJ 07016 CITY-ST-ZIP ☐ Delete TITLE GENOVA, PAUL NAME NAME STREET ADDRESS 750 WALNUT AVE. CN1196 STREET ADDRESS CITY-ST-ZIE CRANFORD NJ CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE JORDAN, EDWARD H. NAME NAME 2601 GREENLEAF AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIF ELK GROVE VILLAGE IL CITY-ST-ZIP AS Delete ☐ Change ☐ Addition TITI F PURDY, JOHN D., JR. NAME NAME 2215 YORK RD., 5TH FL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OAK BROOK IL CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \_ · · · · · Change TITLE Defete TITLE NAME NAME

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

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

Date ,

Daytime Phone #