Apr 30, 2003 8:00 am Secretary of State

04-30-2003 90140 018 \*\*\*150.00

## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #** P39378

## BENEFICIAL HOMEOWNER SERVICE CORPORATION

|--|

| Principal Place of Business<br>2700 SANDERS RD.<br>ATTN: TAX DEPT.<br>PROSPECT HEIGHTS IL 60070   |  |   |             | Mailing Address<br>2700 SANDERS RD.<br>ATTN: TAX DEPT. 2-S<br>PROSPECT HEIGHTS IL 60070 |               |                       |                         | T1030033                              |  |  |                               |  |
|---|--|---|-------------|---|---------------|-----------------------|-------------------------|---------------------------------------|--|--|-------------------------------|--|
| 2. Principal Place of Business  |  |   |             | 3. Mailing Address  |               |                       |                         |                                       |  |  |                               |  |
| Suite, Apt. #, etc.   |  |   |             | Suite, Apt. #, etc.   |               |                       |                         | CHECK HERE IF MAKING CHANGES          |  |  |                               |  |
| City & Stat   | e  |   | City        | City & State  |               |                       |                         | <b>4</b> . F                          | 51-0265509   | <b>├</b> ─-↓-                                  | Applied For<br>Not Applicable |  |
| Zip   |  | Country                                 | Zip         | Zip Counti  |               |                       |                         | <b>5.</b> C                           | Certificate of Status Desired                            | \$8.75 Ad<br>Fee Requir                        | dditional<br>red              |  |
| Name and Address of Current Registered Agent  |  |   |             |   |               |                       |                         | 7. N                                  | lame and Address of New Registers                        | d Agent  |                               |  |
| ^ = 00pm  |  |   |             |   | ]             | Name                  |                         |                                       |  |  |                               |  |
|   | ORATION S  |   |             | Street Addre  |               |                       | ddress (P.0             | s (P.O. Box Number is Not Acceptable) |  |  |                               |  |
|   |  | LAND ROAD                               |             |   | }             | <del></del>           |                         |                                       |  |  |                               |  |
| PLANTATIO   | ON FL 3332   | <u>'</u> 4                              |             | •   | j             |                       |                         |                                       | •  |  | ı                             |  |
|   |  |   |             |   |               |                       |                         |                                       |  | Zip Co   | de                            |  |
| 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. I am familiar with, and accept the obligations of registered agent. |  |   |             |   |               |                       |                         |                                       |  |  |                               |  |
| SIGNATURE .   | SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating)  DATE |   |             |   |               |                       |                         |                                       |  |  |                               |  |
| F   | II F NOW!!   | FEE IS \$150.00                         |             |   |               |                       |                         |                                       |  |  |                               |  |
|   |  | 3 Fee will be \$550.00                  |             |   |               |                       |                         | [                                     | Election Campaign Financing     Trust Fund Contribution. |  | 00 May Be<br>ed to Fees       |  |
| Make Check  | State  |   |             |   |               | ]                     | rust Fund Contribution. | LJ AGGR                               | 30 to rees   |  |                               |  |
| 10.   |  | OFFICERS AND D                          | DIRECTO     | IRECTORS 11.  |               |                       |                         | ADI                                   | DITIONS/CHANGES TO OFFICERS A                            | ND DIRECTO                                     | RS IN 11                      |  |
| TITLE   | PD   |   |             | Delete  | TITLE         |                       | PD                      |                                       |  | ☐ Change                                       | Addition                      |  |
| NAME  | GILMER, G  |   |             |   | NAME          |                       | T. M.                   | · ì                                   | Detelich .   |  |                               |  |
| STREET ADDRESS  | 1=   |   |             |   |               | ET ADDRESS            | 12700                   | 0 Sanders Rd.                         |  |  |                               |  |
| CITY-ST-ZIP   | <del></del>  | HEIGHTS IL 60070                        |             | <del></del>   | CITY-         | ST-ZIP                | Pros                    | pec                                   | ct Heights, IL 600                                       |  |                               |  |
| TITLE   | S  |   |             | Delete  | TITLE         |                       | 5                       | •                                     | <b>U</b>   | ☐ Change                                       | Addition                      |  |
| NAME<br>CERTA ADDOESO   | CURTIN, K  |   |             |   | NAME          |                       | N.J.                    | 1                                     | bromley<br>Sanders Rd.                                   |  | İ                             |  |
| STREET ADDRESS<br>CITY-ST-ZIP   |  | DERS ROAD                               |             |   |               | ET ADDRESS<br>·ST-ZIP | 3700                    | )                                     | Sanders Rd.  |  |                               |  |
|   | PROSPECI   | HEIGHTS IL 60070                        |             |   | +             |                       | Pros                    | ρeç                                   | t Heights, 11600   | <u> 170                                   </u> |                               |  |
| TITLE   | T  |   |             | ☐ Delete  | TITLE         |                       | )                       |                                       | 8  | ☐ Change                                       | Addition                      |  |
| NAME<br>STREET ADDRESS  | MOSS, B.B  |   |             |   | NAME          |                       |                         |                                       |  |  |                               |  |
|   |  | DERS ROAD<br>THEIGHTS IL 60070          |             |   |               | ET ADDRESS<br>ST-ZIP  |                         |                                       |  |  |                               |  |
|   |  | HEIGHTS IL OUUTU                        | <del></del> |   |               |                       | <del> </del>            |                                       |  | Change   |                               |  |
| TITLE<br>NAME   | vpas<br> Blenke, s   | NAT .                                   |             | ☐ Delete  | TITLE<br>NAME |                       | }                       |                                       | •  | ☐ Change                                       | Addition                      |  |
|   |  | DERS ROAD                               |             |   |               | ET ADDRESS            |                         |                                       |  |  |                               |  |
|   |  | HEIGHTS IL 60070                        |             |   |               | ST-ZIP                | ł                       |                                       |  |  | i                             |  |
| TITLE   | D  | 110000000000000000000000000000000000000 |             | ☐ Delete  | TITLE         |                       | <del> </del>            |                                       |  | ☐ Change                                       | Addition                      |  |
|   | DELUCA, N  | A.A.                                    |             |   | NAME          |                       | Ì                       |                                       |  |  |                               |  |
|   | 2700 SANE  |   |             |   | STREE         | ET ADDRESS            |                         |                                       |  |  |                               |  |
|   |  | HEIGHTS IL 60070                        |             |   | CITY-         | ST-ZIP                | ļ                       |                                       |  |  |                               |  |
| TITLE   | AS   | <del></del>                             |             | ☐ Delete  | TITLE         |                       |                         |                                       |  | ☐ Change                                       | Addition                      |  |
|   | ANGELO, J  |   |             |   | NAME          | : !                   |                         |                                       |  |  |                               |  |
| STREET ADDRESS  | 2700 SANE  |   |             |   | STREE         | ET ADDRESS            |                         |                                       |  |  |                               |  |
| CITY-ST-ZIP   | PROSPECT   | HEIGHTS IL 60070                        |             |   | CITY-         | ST-ZIP                |                         |                                       |  |  |                               |  |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: VM5

847-564-6058