Mailing Address

CHICAGO IL 60610-3401

409 W HURON

SUITE 400

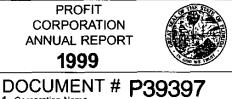
Principal Place of Business

CHICAGO IL 60610-3401

409 W HURON

SUITE 400

US



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90071 032 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

Corporation Name	
UNISON CONSULTING GROUP, INC.	
	1 1000 HOLD HER HILLD HER HILLD HI

						06/23/1992			
2. Principal l	Place of Business	2a. Mailing Add	ress			4. FEI Number	Ap	plied For	
21		26				3 6 -3648595	No	t Applicable	
Suite, Apt	. #, etc.	Suite, Apt. #	, etc.	_			\$8.75 A		
22		27				5. Certificate of Status Desired	Fee Re	quired	
City & Sta	te	City & State			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution	Added to	o Fees	
Zip	Country	Zip		Country	- ··-	8. This corporation owes the current year	Intangible	_	
24 25 29 30						Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Curre	nt Registered Agent		Щ,		10. Name and Address of New Registere	d Agent		
	ADTOM: AAADOLIEDITE			81	Name				
HAMPTON, MARGUERITE				82 Street Address (P.O. Box Number is Not Acceptable)					
	1 GOLFVIEW DRIVE			CLOST Hadrood (Front Day Hadras in Harrison in Harrison in Hadras in Harrison					
FT.	LAUDERDALE FL 33327			83					
	•			84	City		. 85 Zip C	Code	
1	:			04	City	F	L	,	
11. Pursuan	t to the provisions of Sections 607.05	02 and 607 1508, Flor	ida Statutes, th	e above	-named corp	poration submits this statement for the purpose	of changing its	registered	
office or	registered agent, or both, in the State am familiar with, and accept the obliga	e of Florida. Such chai ations of Section 607	nge was authori .0505, Florida S	ized by t Statutes.	tne corporati	ion's board of directors. I hereby accept the app	comment as reg	Jiorei ea	
_	20 m = 1 m = 1 m = 1	, -	,						
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: Regist	tered Agen	t signature requir	red when reinstating) DATE			
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS			
TITLE	P		DELETE 1	1 TITLE			Change	☐ Addition	
NAME	DRAKE, ANTHONY Q		1	2 NAME					
STREET ADDRESS	409 W HURON #400		1	.3 STREET	ADDRESS				
CITY-ST-ZIP	CHICAGO IL 60610		[1	4 CITY-ST	r-ZIP				
TITLE	V		DELETE 2	.t ΠπLE			Change	☐ Addition	
NAME	BYRD, JUDITH		2	2 NAME					
STREET ADDRES	400 14(1111004) #400		2	3 STREET	ADDRESS				
CITY-ST-ZIP	CHICAGO IL 60610		2	. 4 CITY-S	T-ZIP				
TITLE	V			1 TITLE			Change	Addition	
NAME	GILLIAM, SHARON G		3	.2 NAME	Ì				
STREET ADDRESS	400 M HILIDON #400		3	3 STREET	ADDRESS				
CITY-ST-ZIP	CHICAGO IL 60610			.4. CITY-S	·	•			
TITLE	D	X		A TITLE			Change	Addition	
NAME	CHARITY, E	Α.		2 NAME			_		
STREET ADDRESS	00 N OLADIC OTT 700			3 STREET	ADDRESS				
	CHICAGO IL 60602			4 CITY-ST		,			
CITY-ST-ZIP TITLE	D			5.1 TITLE	- ZIF		Change	Addition	
l	LOGAN, L	ω,		2 NAME	i		_ 5-	_	
NAME			.	3 STREET	ADDRESS				
STREET ADORES	CHICAGO IL 60697			4 CITY-ST					
CITY-ST-ZIP	CHICAGO IL 9099/			3.4 CITT-51	- 41		Change	☐ Addition	
TITLE		ال		2 NAME	ĺ		பு பள்கு		
NAME					ADDOTEC				
STREET ADDRESS	S		· ·	3 STREET					
	Į.		I 6	A CITY ST	r., 7IP				

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ANTHONY Q. DRAKE 4/30/99 (312)988-3360