FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 27, 2002 8:00 am Secretary of State **DOCUMENT #** P40726 1. Entity Name 02-27-2002 90057 040 ***150 00 ISI, INC. Principal Place of Business Mailing Address 1051 PERMETER DR. 1051 PERIMETER DR. STE. 200 STE. 200 SCHAUMBURG IL 60173 SCHAUMBURG IL 60173 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 36-3835339 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Change ☐ Addition NAME RICHARD WILKNS NAME STREET ADDRESS 1051 PERMETER DR. #200 STREET ADDRESS CITY-ST-ZIP SCHAUMBURG IL 60173 CITY-ST-ZIP ☐ Delete TITLE D [] Change Addition NAME FRIEDMAN, IRWIN STREET ADDRESS STREET ADDRESS 1051 PERMETER DR. #200 CITY-ST-ZIP CITY-ST-ZIP SCHAUMBURG IL 60173 . 🔲 . Delete TITLE Change __ Addition NAME NAME FRIEDMAN, MARK STREET ADDRESS STREET ADDRESS 1051 PERIMERE DR #200 CITY-ST-ZIP SCHAUMBURG IL 60173 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition HOLTOR, DAN NAME NAME NOCTOR, DAN STREET ADDRESS 1051 PERIMERTER DR #200 STREET ADDRESS CITY-ST-ZIP SCHAUMBURG IL 60173 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

SIGNATURE:



changed, or on an attachment with an address, with all other like empowered

Daytime Phone #