

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90165 027 \*\*\*150.00

0651005 AT

**DOCUMENT # P40726**

1. Entity Name  
**ISI, INC.**



Principal Place of Business  
**1051 PERMETER DR.  
STE. 200  
SCHAUMBURG IL 60173  
US**

Mailing Address  
**1051 PERIMETER DR.  
STE. 200  
SCHAUMBURG IL 60173  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **36-3835339**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>RICHARD WILKNS</b>	
STREET ADDRESS	<b>1051 PERMETER DR. #200</b>	
CITY-ST-ZIP	<b>SCHAUMBURG IL 60173</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FRIEDMAN, IRWIN</b>	
STREET ADDRESS	<b>1051 PERMETER DR. #200</b>	
CITY-ST-ZIP	<b>SCHAUMBURG IL 60173</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>FRIEDMAN, MARK</b>	
STREET ADDRESS	<b>1051 PERIMERE DR #200</b>	
CITY-ST-ZIP	<b>SCHAUMBURG IL 60173</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>HOCTOR, DAN</b>	
STREET ADDRESS	<b>1051 PERIMETER DR #200</b>	
CITY-ST-ZIP	<b>SCHAUMBURG IL 60173</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Dan Hoctor* **Hoctor** 1/13/03 847-706-0002  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)