## May 17, 2001 8:00 am § Secretary of State

05-17-2001 91296 014 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

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## 2001 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

2287 S. BLUE ISLAND

2287 S BLUE ISLAND

CHICAGO IL 60608

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

DOCUMENT # P92000004266

1. Entity Name

MAN ENTERPRISES, INC.

Principal Place of Business 2287 S. BLUE ISLAND

2287 S BLUE ISLAND

CHICAGO IL 60608

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET

SUITE 105 TALLAHASSEE FL 32301 4. FEI Number 36-3853858

5. Certificate of Status Desired

7. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

City

Name

Country

(NOTE: Registered Agent signature required when reinstating)

DATE

Zip Code

\$8.75 Additional

Fee Required

Applied For

Not Applicable

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, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE(IS \$150.00 After MAY 1, 2001 Fee will-be \$550.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

(See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PSTD Change ☐ Addition TITLE ☐ Delete TITI F NAGLE, MARK A NAME NAME STREET ADDRESS STREET ADDRESS 2287 S. BLUE ISLAND CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE [ ] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME 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 TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 apport 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 true end accurate this peport 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

SIGNATURE