

102

DOCUMENT # P96000084172

1. Entity Name CGI Capital Inc.
1311 Campus Drive
Mundelein, Illinois 60060

FILED

00 MAY 23 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1011 Campus Drive
Mundelein IL 60060
Mailing Address 1011 Campus Drive
Mundelein IL 60060

2. Principal Place of Business
3. Mailing Address
Sulte, Apt. #, etc.
City & State

DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

4. FEI Number 650701214
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

ATLAS PEARLMAN, P.A.
350 E. LAS OLAS BLVD #1700
FT LAUDERDALE FL 33301
ROXANNE K. BELLU, ESQ

7. Name and Address of New Registered Agent

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.

SIGNATURE Roxanne K. Bellu

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

RENEWAL FEES: \$50.00
2000 Fee will be \$50.00
Use this Payment to Discontinue

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Frank Menon CEO/PRES 1029 Wrens Gate Mundelein, Illinois 60060	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Arthur Tanner / CFO 23460 Garden Lane Lake Zurich, Illinois 60047	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Erik Brown / Director 602 Apt. C South Milwaukee Ave Libertyville, Illinois 60048	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Greg Halpern / Director 1713 North Player Ct. Vernon Hills Illinois 60060	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP Levine, Bradley M. 555 S. Andrews Ave. - Ste. 110 POMPANO BEACH FL 33069	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100003263891 -- 7	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

LS

CR2E034 (9/99)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE: X [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/00
Date

(847) 549-6002
Daytime Phone #

ACCOUNT FILING COVER SHEET 2082

ACCOUNT NUMBER: FCA000000005

REFERENCE:
(Sub Account) _____

DATE: 5-23-00

REQUESTOR NAME: Lexis Document Services

ADDRESS: _____

TELEPHONE: (____) (____ - _____) ext (____)

CONTACT NAME: _____

CORPORATION NAME: CGI Capital, Inc.

DOCUMENT NUMBER: P96000084172
(if applicable)

AUTHORIZATION: Cynthia J. Woodyard

RECEIVED
00 MAY 23 PM 12:05
DEPARTMENT OF STATE
DIVISION OF CONSULATS
ATTACHES FROM

- CERTIFIED COPY (1-9)
- CERTIFICATE OF STATUS (1-9)
- PLAIN STAMPED COPY

- Call When Ready
- Walk In
- Mail Out
- Call if Problem
- Will Wait
- After 4:30
- Pick Up