

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000031872

1. Entity Name

TRIPOINT SYSTEMS DEVELOPMENT CORP.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90312 026 \*\*\*150.00

Principal Place of Business

Mailing Address

101 W GRAND AVE  
STE 200  
CHICAGO IL 60610  
US

101 W GRAND AVE  
STE 200  
CHICAGO IL 60606-1820  
US

2. Principal Place of Business

205 W. Randolph  
Suite, Apt. #, etc.  
23rd Floor

3. Mailing Address

205 W. Randolph  
Suite, Apt. #, etc.  
23rd Floor

City & State

Chicago, IL

City & State

Chicago, IL

Zip

60606

Country

Cook

Zip

60606

Country

Cook

4. FEI Number

65-0760037

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIG, DAVID S  
141 NE 3RD AVE., 10TH FLOOR  
MIAMI FL 33132

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

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  
Tax filing requirement and elects to do so.  
(See criteria on back)



**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **CARTER, S**  
STREET ADDRESS **824 WASHINGTON**  
CITY-ST-ZIP **EVANSTON IL 60202**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **SAMBRANO, M**  
STREET ADDRESS **3543 N FREEMONT, APT 3**  
CITY-ST-ZIP **CHICAGO IL 60657**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **RAGBEER, R**  
STREET ADDRESS **830 WASHINGTON, APT 3N**  
CITY-ST-ZIP **EVANSTON IL 60202**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2754 Imperial Valley TR**  
CITY-ST-ZIP **Aurora, IL 60504**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00

Date

312 345 0505

Daytime Phone #

CR2E034 (9/99)