

4/11/02

FILED  
May 21, 2002 8:00 am  
Secretary of State

04-11-2002 90101 025 \*\*\*150.00

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000102972

1. Entity Name

A & L Consulting of Chicago, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
9740 W Broadview Dr.

3. Mailing Address  
9740 W Broadview Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Bay Harbor Islands, FL

City & State  
Bay Harbor Islands, FL

4. FEI Number  
65-0801989

Applied For  
Not Applicable

Zip  
33154

Country  
U.S.A.

Zip  
33154

Country  
U.S.A.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

DO NOT WRITE  
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name  
Anneliese Risolia

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

9740 W Broadview Dr.

City Bay Harbor Islands FL Zip Code 33154

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

*Anneliese Risolia*

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

(NOTE: Registered Agent signature required when reappointing)

DATE

4-4-02

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

January Fee is \$150.00  
After May 1 Fee is \$550.00  
Attended UBR is \$41.25  
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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
Director / President  
Anneliese Risolia  
9740 W Broadview Dr.  
Bay Harbor Islands, FL 33154

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

DO NOT WRITE  
IN THIS SPACE

CR2E034B (12/01)

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

SIGNATURE:

*Anneliese Risolia*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-02 305 868 3039

132a

Daytime Phone #