2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P98000094407** May 03, 2000 8:00 am Secretary of State 1. Entity Name BAYSIDE UTILITY SERVICES, INC. 05-03-2000 90010 005 ***150.00 Principal Place of Business Mailing Address 200 WEATHERSFIELD AVE 200 WEATHERSFIELD AVE ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714-4027 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3581579 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee.Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S PINE ISLAND RD **PLANTATION FL 33324** Zip Code F١ 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CEO XXX hange ☐ Addition TITLE ☐ Delete TITI F CAMAREN CAMEREN, JAMES NAME NAME STREET ADDRESS STREET ADDRESS 2335 SANDERS RD CITY-ST-ZIP CITY-ST-7IP NORTHBROOK IL 60062 Addition Change Delete TITLE TITLE DOPUCH, ANDREW NAME STREET ADDRESS STREET ADDRESS 2335 SANDERS RD CITY-ST-ZIP CITY-ST-ZIP NORTHBROOK IL 60062 ☐ Change ☐ Addition ☐ Delete TITLE TITLE SCHUMACHER, LAWRENCE NAME STREET ADDRESS STREET ADDRESS 2335 SANDERS RD CITY-ST-ZIP CITY-ST-ZIP NORTHBROOK IL 60062 ☐ Change Addition ☐ Delete TITLE TITLE WENZ, CARL NAME STREET ADDRESS STREET ADDRESS 2335 SANDERS RD CITY-ST-ZIP CITY-ST-ZIP NORTHBROOK IL 60062 TITLE ☐ Change Addition ☐ Delete TITLE CARTER, DAVID NAME NAME 2335 SANDERS RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTHBROOK, IL ☐ Change Addition TITLE ☐ Delete TITLE RASMUSSEN, DONALD 200 WEATHERSFIELD AVENUE NAME STREET ADDRESS STREET ADDRESS ALTAMONTE SPRINGS, FL 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 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 trusted 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 AND THEO OF DRINKE OF SIGNING OFFICER OR DIRECTOR

4/4/2000

847-498-6440

Daytime Phone #