

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90223 049 ***150.00

DOCUMENT # P99000022287

1. Entity Name
ZENITH CORPORATION

Principal Place of Business
C/O DEIDRE S. WALTZ. NORTHERN TRUST BANK
1100 E. LAS OLAS BLVD.
FT. LAUDERDALE FL 33301

Mailing Address
C/O DEIDRE S. WALTZ. NORTHERN TRUST BANK
1100 E. LAS OLAS BLVD.
FT. LAUDERDALE FL 33301



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 51-0170911		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
WALTZ, DEIDRE S C/O NORTHERN TRUST BANK 1100 E. LAS OLAS BLVD. FT. LAUDERDALE FL 33301				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D STEWART, JOAN	2165 S.W. 23RD AVE.	FT. LAUDERDALE FL 33312				
	D WALTZ, DEIDRE	NORTHERN TRUST BANK, 1100 LAS OLAS BLVD.	FT. LAUDERDALE FL 33301				
	D HEIDBRINK, F. DIRK	1123 DINEGAL LN.	NORTHBROOK IL 60062				

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]* **4/4/02** **954 - 527-3939**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)