

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 17, 2000 8:00 am**  
**Secretary of State**

02-17-2000 90130 033 \*\*\*150.00

**DOCUMENT # 361676**

1. Entity Name  
**OLIVER-HOFFMANN CORP OF DEERFIELD BEACH**

00022068



DO NOT WRITE IN THIS SPACE

Principal Place of Business 7S 251 OLESEN LANE NAPERVILLE IL 60540 US	Mailing Address 7S 251 OLESEN LANE NAPERVILLE IL 60540 US
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2. Principal Place of Business 7S 251 Olesen Lane Suite, Apt. #, etc.	3. Mailing Address 7S 251 Olesen Lane Suite, Apt. #, etc.
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City & State Naperville, IL	City & State Naperville, IL 50
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4. FEI Number 36-2702994	Applied For Not Applicable
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Zip 60540	Country U. S. A.	Zip 60540	Country U. S. A.
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  
**SIFF, STEVEN E**  
**MCDERMOTT, WILL & EMERY**  
**201 SOUTH BISCAYNE BLVD**  
**MIAMI FL 33131-4336**

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 \_\_\_\_\_ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>HOFFMANN, CAMILLE O</b> <b>7 S. 251 OLESEN LANE</b> <b>NAPERVILLE IL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>KOPP, RAYMOND R</b> <b>7S 251 OLESEN LANE</b> <b>NAPERVILLE, IL 00000</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HOFFMANN, CAMILLE O</b> <b>7 S. 251 OLESEN LANE</b> <b>NAPERVILLE IL 60540</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD</b> <b>SCHULZ, ROBERT W</b> <b>7S 251 OLESEN LANE</b> <b>NAPERVILLE, IL 00000</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Robert W. Schulz Robert W. Schulz, Vice President 2/03/00 (630)357-3300  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)