

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90124 026 ***150.00

UBR 02-05-01

DOCUMENT # 829814
 1. Entity Name
APV NORTH AMERICA, INC.

Principal Place of Business Mailing Address
9525 W. BRYN MAWR AVENUE **9525 W. BRYN MAWR AVENUE**
ROSEMONT IL 60018 **ROSEMONT IL 60018**

2. Principal Place of Business 3. Mailing Address
5100 N. River Road **5100 N. River Road**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
3rd Floor **3rd Floor**
 City & State City & State
Schiller Park, IL **Schiller Park, IL**
 Zip Country Zip Country
60176 **USA** **60176** **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
36-2759592 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
CT CORPORATION SYSTEM Name
1200 S. PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable)
PLANTATION FL 33324 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D HENDERSON, BRUCE 33 COMMERCIAL ST FOXBORO MA 02035 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mike Caliel 10707 Haddington Drive Houston, TX 77043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERGSTROM, CRAIG 9525 W BRYN MAWR ROSEMONT IL 60018 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Philip Maynard 2191 Fox Mill Road, #500 Herndon, VA 20171
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARTNER, CRAIG 9525 W BRYN MAWR ROSEMONT IL 60018 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EHLE, JAY 33 COMMERCIAL ST FOXBORO MA 02035 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRAS KANG, JOSEPH 9525 W BRYN MAWR ROSEMONT IL 60018 <input type="checkbox"/> Delete	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"/> Delete	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: *Joseph Kang* **SIGNATURE REQUIRED** 1/10/02 847/928-3590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)