

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90294 012 ***150.00

0650379 AT

DOCUMENT # 839449

1. Entity Name
THE L.E. MYERS CO.



Principal Place of Business
1701 W GOLF RD #1012
ROLLING MEADOWS IL 60008
US

Mailing Address
1701 W GOLF RD. STE 1012
ROLLING MEADOWS IL 60008
US

11019527



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **36-1517230**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **AT**
STREET ADDRESS **MEDICI, GREG**
CITY-ST-ZIP **1701 W GOLF RD #1012**
ROLLING MEADOWS IL 60008

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME **SVP**
STREET ADDRESS **GREEN, WILLIAM H**
CITY-ST-ZIP **1701 W GOLF RD #1012**
ROLLING MEADOWS IL 60008

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME **SD**
STREET ADDRESS **NELSON, BYRON D.**
CITY-ST-ZIP **1701 W GOLF RD #1012**
ROLLING MEADOWS IL 60008

TITLE
NAME **SD**
STREET ADDRESS **Gerald B. Engen Jr.**
CITY-ST-ZIP **12150 E. 112th Ave.**
Henderson CO 80640 ☒ Change ☐ Addition

TITLE
NAME **T**
STREET ADDRESS **KOERTNER, WILLIAM A**
CITY-ST-ZIP **1701 W GOLF RD #1012**
ROLLING MEADOWS IL 60008

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME **PD**
STREET ADDRESS **WILLIAM S SKIBITSKY**
CITY-ST-ZIP **1701 W GOLF RD #1012**
ROLLING MEADOWS IL 60008

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Greg Medici

Date **4/2/03** (847) 290-1891
Daytime Phone #

CR2E034 (10/02)