2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 16, 2000 8:00 am
Secretary of State
08-16-2000 90011 002 ***550.00

DOCUMENT # 849392

1. Entity Name
RAGNAR BENSON, INC.

Principal Place of Business	Mailing Address
250 SOUTH NORTHWEST HWY PARK RIDGE IL 60068	250 SOUTH NORTHWEST HWY PARK RIDGE IL 60068

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3026351 — Applied For / 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 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.

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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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 CD NAME MELSOP, J. WILLIAM STREET ADDRESS 31650 TRILLIUM TRAIL CITY-ST-ZIP PEPPER PIKE OH	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VST NAME BUETTNER, WILLIAM, P STREET ADDRESS 34354 BRAMBLE LANE CITY-ST-ZIP SOLON OH	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE PD NAME BERGSTROM, JAMES D. STREET ADDRESS 3 N 927 HAWTHORN CITY-ST-ZIP ST. CHARLES IL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VD NAME MULCAHY, RICHARD, T STREET ADDRESS 20104 NANTICOKE RD CITY-ST-ZIP WATERVIEW MD	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ST NAME O'NEIL, MICHAEL T STREET ADDRESS 13035 S 70 COURT CITY-ST-ZIP PALOS HEIGHTS IL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VP NAME HEIDEMANN, STANLEY F. STREET ADDRESS 540 S. MADISON CITY-ST-ZIP LAGRANGE IL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Michael T. O'Neil MICHAEL T. O'NEIL 7/24/00 847/698-4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
SECRETARY-TREASURER

CR2E034 (5/00)