**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 16, 2002 8:00 am DOCUMENT # 852293 **Secretary of State** 1. Entity Name 01-16-2002 90028 028 \*\*\*150.00 DADANT & SONS, INC. Principal Place of Business Mailing Address 日日間思りひんり 2ND & BRDWY ST 2ND & BRDWY ST HAMILTON IL 62341 HAMILTON IL 62341 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 37-0647803. Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LATNER, JERRY Street Address (P.O. Box Number is Not Acceptable) 710 NW 46TH ST HIGH SPRINGS FL 32643 City 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 SIGNATURÉ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Change ☐ Addition Delete TITLE NAME DADANT, CHARLES C. NAME 51 S. 2ND STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HAMILTON IL CITY-ST-ZIP TITLE PD ☐ Delete TITLE ☐ Change ☐ Addition NAME DADANT, TIMOTHY C. NAME STREET ADDRESS STREET ADDRESS 51 S. 2ND STREET CITY-ST-ZIP CITY-ST-ZIP HAMILTON IL TITLE ☐ Delete TITLE ☐ Change ☐ Addition VTD NAME ROSS, THOMAS G. NAME STREET ADDRESS STREET ADDRESS 51 S. 2ND STREET CITY-ST-ZIP CITY-ST-ZIP HAMILTON IL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME DADANT, NICHOLAS J. NAME STREET ADDRESS STREET ADDRESS 51 S. 2ND STREET CITY-ST-ZIP **HAMILTON IL** CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. Thereby 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