

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002053

1. Entity Name

COMARK CORPORATE SALES, INC.

FILED

Jan 29, 2001 8:00 am  
Secretary of State

01-29-2001 90050 040 \*\*\*150.00

Principal Place of Business

Mailing Address

444 SCOTT DR.  
BLOOMINGDALE IL 60108  
US

444 SCOTT DRIVE  
BLOOMINGDALE IL 60108  
US

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 36-3948996

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST.  
TALLAHASSEE FL 32301

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 \$150.00**  
**After MAY 1, 2001 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 PD  
NAME WOLANDE, CHARLES S  
STREET ADDRESS 444 SCOTT DRIVE  
CITY-ST-ZIP BLOOMINGDALE IL ☐ Delete

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

TITLE DC  
NAME COCORAN, PHILIP E  
STREET ADDRESS 444 SCOTT DRIVE  
CITY-ST-ZIP BLOOMINGDALE IL ☐ Delete

TITLE  
NAME CORCORAN, PHILIP  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S  
NAME COCORAN, VICTORIA  
STREET ADDRESS 444 SCOTT DRIVE  
CITY-ST-ZIP BLOOMINGDALE IL ☐ Delete

TITLE  
NAME CORCORAN, VICTORIA  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VST  
NAME KEILMAN, DAVID  
STREET ADDRESS 444 SCOTT DRIVE  
CITY-ST-ZIP BLOOMINGDALE IL ☐ Delete

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

TITLE CFO  
NAME KOUANDA, GARY  
STREET ADDRESS 444 SCTT DRIVE  
CITY-ST-ZIP BLOOMINGDALE IL 60108 ☐ Delete

TITLE  
NAME KOUANDA, GARY  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/2001  
Date

630.295.7016  
Daytime Phone #

CR2E034 (10/00)