

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004181

1. Entity Name

TT TECHNOLOGIES, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90033 018 ***150.00

Principal Place of Business

Mailing Address

2020 E NEW YORK
 AURORA IL 60504
 US

2020 E. NEW YORK ST.
 AURORA IL 60504-9515
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-3755870

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BRAHLER, C. J. JR
3701 NE 36TH AVE., STE C
OCALA FL 34479

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

C. J. Brahl

PRES/CEO

3/29/00

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, 2000 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	DC	<input type="checkbox"/> Delete
NAME	SCHMIDT, CAROLA	
STREET ADDRESS	2020 E NEW YORK ST	
CITY-ST-ZIP	AURORA IL	
TITLE	P	<input type="checkbox"/> Delete
NAME	BRAHLER, C. J. JR	
STREET ADDRESS	2020 E NEW YORK ST	
CITY-ST-ZIP	AURORA IL	
TITLE	V	<input type="checkbox"/> Delete
NAME	HOLCOMB, DAVID	
STREET ADDRESS	2020 E NEW YORK ST	
CITY-ST-ZIP	AURORA IL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRAHLER, GENA	
STREET ADDRESS	2020 E NEW YORK	
CITY-ST-ZIP	AURORA IL	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCHMIDT, MARC	
STREET ADDRESS	2020 E NEW YORK	
CITY-ST-ZIP	AURORA IL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

C. J. Brahl

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/00

Date

Daytime Phone #

04-04-2000

CE

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DO NOT WRITE IN THIS SPACE