

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 90294 009 ***150.00

0660378 AT

DOCUMENT # F98000002010

1. Entity Name
STURGEON ELECTRIC COMPANY, INC.



Principal Place of Business
12150 E. 112TH AVE.
HENDERSON CO 80640

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

11019533



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 84-0681206

Applied For
Not Applicable

Zip

Country

Zip

Country

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

C T CORPORATION SYSTEM
1200 SOUTH 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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME SKIBITSKY, WILLIAM S
STREET ADDRESS 1701 W GOLF RD, SUITE 1012
CITY-ST-ZIP ROLLING MEADOWS IL 60008

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

TITLE SD ☒ Delete
NAME NELSON, BYRON D
STREET ADDRESS 1701 W GOLF RD, SUITE 1012
CITY-ST-ZIP ROLLING MEADOWS IL 60008

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

TITLE T ☐ Delete
NAME KOERTNER, WILLIAM A
STREET ADDRESS 1701 W GOLF RD, TOWER 3, STE 1012
CITY-ST-ZIP ROLLING MEADOWS IL 60008

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

TITLE V ☐ Delete
NAME KNAPP, MICHAEL F
STREET ADDRESS 1701 W GOLF RD, TOWER 3, STE 1012
CITY-ST-ZIP ROLLING MEADOWS IL 60008

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

TITLE AT ☐ Delete
NAME MEDIC, GREG
STREET ADDRESS 1701 W GOLF RD, SUITE 1012
CITY-ST-ZIP ROLLING MEADOWS IL 60008

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Greg Medici 4/4/03 (847) 290-1891

CR2E034 (10/02)