

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90753 001 ****25.00
 05-12-2002 90753 002 ***125.00

DOCUMENT # F99000000652

1. Entity Name
CAPITAL SYNERGIES INC.

Principal Place of Business
 100 SOUTH WYNSTONE PARK DR.
 NORTH BARRINGTON IL 60010

Mailing Address
 100 SOUTH WYNSTONE PARK DR.
 NORTH BARRINGTON IL 60010

2. Principal Place of Business
 213 N Front St
 Suite, Apt. #, etc.

3. Mailing Address
 213 N Front St
 Suite, Apt. #, etc.

City & State
 McHENRY IL
 Zip 60050 Country USA

City & State
 McHENRY IL
 Zip 60050 Country USA

4. FEI Number
 36-4272344

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

7. Name and Address of New Registered Agent

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 _____ **DATE** _____
 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 Tax filing requirement and elects to do so. ☒
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PSTD	GREIS, CHRISTOPHER	100 SOUTH WYNSTONE DR	NORTH BARRINGTON IL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PRESIDENT / Director	Craig Rodby	213 N Front St	McHENRY IL 60050	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TREASURER	Timothy R Turner	213 N Front St	McHENRY IL 60050	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SECRETARY	Timothy R Turner	213 N Front St	McHENRY IL 60050	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Director	Christopher Greis	100 N Ravine Ln	N. Barrington IL 60010	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Director	Jerry Marcus	120 Long Ridge Rd	Stamford, CT 06927	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Chris Kratky / KFA Cus. Dev.	7713 Long Ridge Rd	Stamford, CT 06927	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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, such as a letter like empowered.

SIGNATURE: _____ **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **Daytime Phone #**

CR2E034 (9/01)