

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002272

1. Entity Name

MYRcom Inc.

Principal Place of Business

15410 Henry Rd.
Houston, TX 77060

Mailing Address

1701 W. Golf Rd.
Suite 1012
Rolling Meadows IL 60008

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

76-0603656

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT Corporation System -
1200 South Pine Island Rd.
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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
President	John Carey	1701 W. Golf Rd Suite 1012	Rolling Meadows IL 60008	<input type="checkbox"/>
Treasurer / Director	Greg Medici	1701 W. Golf Rd. Suite 1012	Rolling Meadows IL 60008	<input type="checkbox"/>
Secretary / Director	Michael L. Orndahl	1701 W. Golf Rd. Suite 1012	Rolling Meadows IL 60008	<input type="checkbox"/>
Chairman	William A. Kaertner	1701 W. Golf Rd. Suite 1012	Rolling Meadows IL 60008	<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 type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input 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, with all other like empowered.

SIGNATURE:

Greg R. Medici
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Greg Medici 5/1/01
Date

Daytime Phone #

FILED

May 22, 2001 8:00 am
Secretary of State

05-22-2001 90642 024 ***150.00

00056889

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)