

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90096 019 \*\*\*150.00

**DOCUMENT # F00000001789**

1. Entity Name  
**EAGLE TEST SYSTEMS, INC.**

Principal Place of Business 1353 ARMOUR BLVD. MUNDELEIN IL 60060	Mailing Address 1353 ARMOUR BLVD. MUNDELEIN IL 60060
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **620 S. BUTTERFIELD RD.** 3. Mailing Address **620 S. BUTTERFIELD RD.**

Suite, Apt. #, etc.

City & State **MUNDELEIN, IL** City & State **MUNDELEIN, IL**

4. FEI Number **36-2917389** Applied For  Not Applicable

Zip **60060** Country Country Zip **60060** 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

**MILLER, DAVID C**  
**4808 SHELL STREAM BLVD.**  
**NEW PORT RICHEY FL 34652**

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.

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PC</b> <b>FOXMAN, LEONARD</b> <b>1929 BROWNING CT.</b> <b>HIGHLAND PARK IL 60035</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>FOXMAN, ROCHELLE</b> <b>1929 BROWNING CT.</b> <b>HIGHLAND PARK IL 60035</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Rochelle A. Fox* Date 4-24-01 Daytime Phone # 847 367 8431  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)