


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90181 016 \*\*\*158.75

**DOCUMENT # 832102**  
 1. Entity Name  
**R.T. MILORD CO.**



Principal Place of Business  
**9801 S. INDUSTRIAL DRIVE  
 BRIDGEVIEW, IL 60455**

Mailing Address  
**9801 S. INDUSTRIAL DRIVE  
 BRIDGEVIEW, IL 60455**

40002011



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01082007 Chg-P CR2E034 (12/06)

4. FEI Number  
**36-2355396** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**MILORD, WILLIAM J  
 3600 S CONGRESS AVE  
 SUITE 1  
 BOYNTON BCH., FL 33426**

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. I am familiar with, and accept the obligations of registered agent.

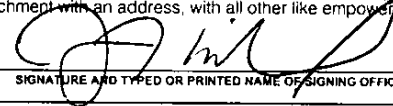
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILORD, PAUL J			NAME			
STREET ADDRESS	9801 S INDUSTRIAL DR			STREET ADDRESS			
CITY-ST-ZIP	BRIDGEVIEW, IL 00000,			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILORD, WILLIAM J			NAME			
STREET ADDRESS	3600 S CONGRESS AVE I			STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH, FL			CITY-ST-ZIP			
TITLE	VSD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILORD, KEVIN T.			NAME			
STREET ADDRESS	9801 SO. INDUSTRIAL DR.			STREET ADDRESS			
CITY-ST-ZIP	BRIDGEVIEW, IL			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THOMAS, MICHAEL R			NAME			
STREET ADDRESS	9801 S INDUSTRIAL DRIVE			STREET ADDRESS			
CITY-ST-ZIP	BRIDGEVIEW, IL			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILORD, PHILIP J			NAME			
STREET ADDRESS	9801 S INDUSTRIAL DRIVE			STREET ADDRESS			
CITY-ST-ZIP	BRIDGEVIEW, IL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **1/12/07** **708-598-7900**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #