

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 855574

FILED
Feb 09, 2012
Secretary of State

Entity Name: CLARKE ENVIRONMENTAL MOSQUITO MANAGEMENT, INC.

Current Principal Place of Business:

159 N. GARDEN AVENUE
ROSELLE, IL 60172

New Principal Place of Business:

Current Mailing Address:

P O BOX 72197
ROSELLE, IL 60172

New Mailing Address:

FEI Number: 36-2391274

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: TREA
Name: WOOD, CLARK
Address: 159 N. GARDEN AVE.
City-St-Zip: ROSELLE, IL 60172

Title: SEC
Name: TECSON, ANDREW P
Address: 30 S. WACKER DRIVE, SUITE 2600
City-St-Zip: CHICAGO, IL 60606

Title: DIR
Name: CLARKE, MARY K
Address: 159 N. GARDEN AVE.
City-St-Zip: ROSELLE, IL 60172

Title: PRES
Name: CLARKE, JOHN L III
Address: 159 N. GARDEN AVE.
City-St-Zip: ROSELLE, IL 60172

Title: VP
Name: FRUENDT, JOEL
Address: 159 N. GARDEN AVE.
City-St-Zip: ROSELLE, IL 60172

Title: CFO
Name: DRAGO, JOSEPH A
Address: 159 N. GARDEN AVE.
City-St-Zip: ROSELLE, IL 60172

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN L. CLARKE, III

PRES

02/09/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date