


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F01000004298</b> 1. Entity Name <b>OSWEGO HOME INVESTORS, INC.</b>		
Principal Place of Business <input type="checkbox"/> Mailing Address <b>201 EAST OGDEN AVE., STE 26 HINSDALE IL 60521</b>		
2. Principal Place of Business <input type="checkbox"/> 3. Mailing Address Suite, Apt #, etc. <input type="checkbox"/> Suite, Apt. #, etc.		
City & State <input type="checkbox"/> City & State		
Zip <input type="checkbox"/> Country <input type="checkbox"/> Zip <input type="checkbox"/> Country <input type="checkbox"/>		
4. FEI Number <b>36-3875294</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		
7. Name and Address of New Registered Agent Name <input type="checkbox"/> Street Address (P.O. Box Number is Not Acceptable) <input type="checkbox"/> City <input type="checkbox"/> <b>FL</b> Zip Code <input type="checkbox"/>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS <input type="checkbox"/> Delete		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE PD NAME MCCLAREN, H. BRUCE STREET ADDRESS 511 SOUTH OAK STREET CITY-ST-ZIP HINSDALE IL	TITLE <input type="checkbox"/> NAME <input type="checkbox"/> STREET ADDRESS <input type="checkbox"/> CITY-ST-ZIP <input type="checkbox"/>	
TITLE TD NAME EDISON, HOWARD W STREET ADDRESS 468 HAZEL CITY-ST-ZIP HIGHLAND PARK IL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <input type="checkbox"/> STREET ADDRESS <input type="checkbox"/> CITY-ST-ZIP <input type="checkbox"/>	
TITLE S NAME PENNER, GERALD M STREET ADDRESS 1100 LAKE SHORE DR., APT 14-B CITY-ST-ZIP CHICAGO IL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <input type="checkbox"/> STREET ADDRESS <input type="checkbox"/> CITY-ST-ZIP <input type="checkbox"/>	
TITLE <input type="checkbox"/> Delete NAME <input type="checkbox"/> STREET ADDRESS <input type="checkbox"/> CITY-ST-ZIP <input type="checkbox"/>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <input type="checkbox"/> STREET ADDRESS <input type="checkbox"/> CITY-ST-ZIP <input type="checkbox"/>	
TITLE <input type="checkbox"/> Delete NAME <input type="checkbox"/> STREET ADDRESS <input type="checkbox"/> CITY-ST-ZIP <input type="checkbox"/>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <input type="checkbox"/> STREET ADDRESS <input type="checkbox"/> CITY-ST-ZIP <input type="checkbox"/>	
TITLE <input type="checkbox"/> Delete NAME <input type="checkbox"/> STREET ADDRESS <input type="checkbox"/> CITY-ST-ZIP <input type="checkbox"/>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <input type="checkbox"/> STREET ADDRESS <input type="checkbox"/> CITY-ST-ZIP <input type="checkbox"/>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>H. Bruce McClaren</i> <b>H. Bruce McClaren, President</b> <b>630/325-5800</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <span style="float: right;"><b>2/25/05</b></span> <small>Date Daytime Phone #</small>		



1st MOORE CR2E034 (10/04)