


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000005560

1. Entity Name
 NETCO, INC.



Principal Place of Business
 401 FOUNTAIN LAKES BLVD.
 ST. CHARLES, MO 63301

Mailing Address
 401 FOUNTAIN LAKES BLVD.
 ST. CHARLES, MO 63301

DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number
 36-3550806

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DIGNAM, PATRICK D
 1408 NORTH WESTSHORE BLVD.
 SUITE 110
 TAMPA, FL 33607

DO NOT WRITE IN THIS SPACE

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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOX, WENDY 401 FOUNTAIN LAKES BLVD. ST. CHARLES, MO 63301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHLUETER, MARC 401 FOUNTAIN LAKES BLVD. ST. CHARLES, MO 63301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIGNAM, PATRICK 401 FOUNTAIN LAKES BLVD. ST. CHARLES, MO 63301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCD BAUMGART, JOHN 39 SOUTH LASALLE, SUITE 620 CHICAGO, IL 60603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUMGART, SHARON 39 SOUTH LASALLE, SUITE 620 CHICAGO, IL 60603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUMGART, ERIC 39 SOUTH LASALLE, SUITE 620 CHICAGO, IL 60603

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 01/10/05-80080-018 150.00

12. 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 10, or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **PATRICK DIGNAM** Date: **1-4-05** Daytime Phone #: **636-925-8640**