


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 10, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # F03000004705 1. Entity Name MID-AMERICA MANAGEMENT CORP.	
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Principal Place of Business 2901 BUTTERFIELD RD. OAK BROOK, IL 60523	Mailing Address 2901 BUTTERFIELD RD. OAK BROOK, IL 60523
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07282006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 36-4220594	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

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

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 6, 2006**

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

08/10/06080890044015 550.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP BARG, ROBERT M 2901 BUTTERFIELD RD. OAK BROOK, IL 60523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARG, ROBERT M 2901 BUTTERFIELD RD. OAK BROOK, IL 60523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KREMIN, ALAN F 2901 BUTTERFIELD RD. OAK BROOK, IL 60523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCGUINNESS, THOMAS P 2901 BUTTERFIELD RD. OAK BROOK, IL 60523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP NORTON, ANGELA 2901 BUTTERFIELD RD. OAK BROOK, IL 60523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PANICO, FRANCES C 2901 BUTTERFIELD RD. OAK BROOK, IL 60523

U00000574044  
 08/10/06-80004-015 550.00

**DO NOT WRITE IN THIS SPACE**

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:**  Robert M. Barg, Sr. V.P. 7/ /06 630/218-8000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #