


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # F03000004705**

1. Entity Name  
**MID-AMERICA MANAGEMENT CORP.**



Principal Place of Business  
**2901 BUTTERFIELD RD.  
 OAK BROOK, IL 60523**

Mailing Address  
**2901 BUTTERFIELD RD.  
 OAK BROOK, IL 60523**



03312008 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  **\$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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 Fee will be \$550.00**

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

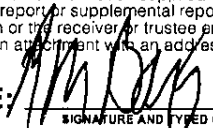
U00000912881  
 05/07/08-80098-004 150.00

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

**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.VP/Secy/Treasurer **4/14/08** (630) 218-8000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #