

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005229

FILED
May 01, 2006
Secretary of State

Entity Name: COPPERCOM, INC.

Current Principal Place of Business:

3600 FAU BOULEVARD
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

3600 FAU BOULEVARD
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 77-0457491 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: HEISLEY, MICHAEL E
Address: 5600 THREE FIRST NATIONAL PLAZA
City-St-Zip: CHICAGO, IL 60602

Title: CEO () Delete
Name: MYERS, MICHAEL J
Address: 3600 FAU BOULEVARD
City-St-Zip: BOCA RATON, FL 33431

Title: VSD () Delete
Name: HICKS, JONATHAN
Address: 3600 FAU BOULEVARD
City-St-Zip: BOCA RATON, FL 33431

Title: SVD () Delete
Name: THOMSON, JULIAN
Address: 3600 FAU BOULEVARD
City-St-Zip: BOCA RATON, FL 33431

Title: ASD () Delete
Name: MEADOWS, STANLEY H
Address: 227 WEST MONROE STREET
City-St-Zip: CHICAGO, IL 60606

Title: D () Delete
Name: EMILY HEISLEY STOECK, EL
Address: 5600 THREE FIRST NATIONAL PLAZA
City-St-Zip: CHICAGO, IL 60602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NADINE COMLY-BUKOWSKI

CON

05/01/2006

Electronic Signature of Signing Officer or Director

_____ Date