


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90014 038 ***150.00

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1. Entity Name
COPPERCOM, INC.



Principal Place of Business Mailing Address
3600 FAU BOULEVARD **3600 FAU BOULEVARD**
BOCA RATON, FL 33431 **BOCA RATON, FL 33431**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



04212008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
77-0457491 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

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	HEISLEY, MICHAEL E	
STREET ADDRESS	70 WEST MADISON STREET, SUITE 5600	
CITY- ST- ZIP	CHICAGO, IL 60602	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	HICKS, JONATHAN	
STREET ADDRESS	70 WEST MADISON STREET, SUITE 5600	
CITY- ST- ZIP	CHICAGO, IL 60602	
TITLE	CEOD	<input checked="" type="checkbox"/> Delete
NAME	THOMSON, JULIAN	
STREET ADDRESS	3600 FAU BOULEVARD	
CITY- ST- ZIP	BOCA RATON, FL 33431	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	MEADOWS, STANLEY H	
STREET ADDRESS	227 WEST MONROE STREET	
CITY- ST- ZIP	CHICAGO, IL 60606	
TITLE	D	<input type="checkbox"/> Delete
NAME	EMILY HEISLEY STOECKEL	
STREET ADDRESS	70 WEST MADISON STREET, SUITE 5600	
CITY- ST- ZIP	CHICAGO, IL 60602	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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: *Rich Kialer* **RICH KIALER** 4-21-08 561-322-4022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #