


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2007 08:00 AM
Secretary of State

DOCUMENT # F05000003713

1. Entity Name
 C.M. PRODUCTS, INC. (NV)



Principal Place of Business
 800 ELA ROAD
 LAKE ZURICH, IL 60047

Mailing Address
 800 ELA ROAD
 LAKE ZURICH, IL 60047

DO NOT WRITE IN THIS SPACE



07102007 No Chg-P CR2E034 (11/05)

| | |
|---|--------------------------------|
| 4. FEI Number 36-4387919 | 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

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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007

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 | DPAS FABER, MARK R 800 ELA ROAD LAKE ZURICH, IL 60047 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV BARTON, RICHARD D 800 ELA ROAD LAKE ZURICH, IL 60047 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DAS SAXMAN, SUZANNE L 55 EAST MONROE STREET, SUITE 4200 CHICAGO, IL 60603 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FRITZ, JAY J 800 ELA ROAD LAKE ZURICH, IL 60047 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000769262
 07/17/07-800005-014 550.00

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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: MARK R. FABER 7/11/07 847-726-5229

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