


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # F06000003536

1. Entity Name
CHAUNER SECURITIES, INC.



Principal Place of Business 500 SKOKIE BLVD SUITE 525 NORTHBROOK, IL 60062	Mailing Address 500 SKOKIE BLVD SUITE 525 NORTHBROOK, IL 60062
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DO NOT WRITE IN THIS SPACE



01022008 No Chg-P CR2E034 (11/05)

4. FEI Number 36-3356325	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

**ST. CLAIR, RONALD
709 CAPE CORAL PARKWAY WEST
CAPE CORAL, FL 33914**

**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 Ronald St. Clair **Ronald St. Clair** 1/18/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHAUNER, FRANK B % 500 SKOKIE BLVD, SUITE 525 NORTHBROOK, IL 60062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CYPHERS, SARAH C % 500 SKOKIE BLVD, SUITE 525 NORTHBROOK, IL 60062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPS SOWERSBY, ROBERT P % 500 SKOKIE BLVD, SUITE 525 NORTHBROOK, IL 60062
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01/23/08-80064-004 150.00

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 an other like empowered.

SIGNATURE: Frank B. Chauner **Frank B. Chauner** 1/4/2008 **847-509-8880**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #