

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003536

FILED  
Jan 05, 2009  
Secretary of State

Entity Name: CHAUNER SECURITIES, INC.

**Current Principal Place of Business:**

500 SKOKIE BLVD  
SUITE 525  
NORTHBROOK, IL 60062

**New Principal Place of Business:**

**Current Mailing Address:**

500 SKOKIE BLVD  
SUITE 525  
NORTHBROOK, IL 60062

**New Mailing Address:**

FEI Number: 36-3356325      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CHAUNER, FRANK B  
Address: % 500 SKOKIE BLVD, SUITE 525  
City-St-Zip: NORTHBROOK, IL 60062

Title: VP ( ) Delete  
Name: CYPHERS, SARAH C  
Address: % 500 SKOKIE BLVD, SUITE 525  
City-St-Zip: NORTHBROOK, IL 60062

Title: SVPS ( ) Delete  
Name: SOWERSBY, ROBERT P  
Address: % 500 SKOKIE BLVD, SUITE 525  
City-St-Zip: NORTHBROOK, IL 60062

**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:

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT P. SOWERSBY

SVP

01/05/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date