

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004778

FILED
Apr 30, 2007
Secretary of State

Entity Name: COPPERCOM ACQUISITION CORP.

Current Principal Place of Business:

70 WEST MADISON STREET SUITE 5600
CHICAGO, IL 60602

New Principal Place of Business:

3600 FAU BOULEVARD
BOCA RATON, FL 33431

Current Mailing Address:

70 WEST MADISON STREET SUITE 5600
CHICAGO, IL 60602

New Mailing Address:

3600 FAU BOULEVARD
BOCA RATON, FL 33431

FEI Number: 20-4493156

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: HEISLEY, MICHAEL E
Address: 70 WEST MADISON STREET SUITE 5600
City-St-Zip: CHICAGO, IL 60602

Title: PCEO () Delete
Name: MYERS, MICHAEL J
Address: 70 WEST MADISON STREET SUITE 5600
City-St-Zip: CHICAGO, IL 60602

Title: D (X) Delete
Name: MYERS, MICHAEL J
Address: 70 WEST MADISON STREET SUITE 5600
City-St-Zip: CHICAGO, IL 60602

Title: VPSD () Delete
Name: HICKS, JONATHAN
Address: 70 WEST MADISON STREET SUITE 5600
City-St-Zip: CHICAGO, IL 60602

Title: SVPD () Delete
Name: THOMSON, JULIAN
Address: 70 WEST MADISON STREET SUITE 5600
City-St-Zip: CHICAGO, IL 60602

Title: ASD () Delete
Name: MEADOWS, STANLEY H
Address: 227 W MONROE ST 4700
City-St-Zip: CHICAGO, IL 60606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: HEISLEY STOECKEL, EMILY
Address: 70 WEST MADISON STREET SUITE 5600
City-St-Zip: CHICAGO, IL 60602

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

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

Title: CEOD (X) Change () Addition
Name: THOMSON, JULIAN
Address: 3600 FAU BOULEVARD
City-St-Zip: BOCA RATON, FL 33431

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: JULIAN THOMSON

CEOD

04/30/2007

Electronic Signature of Signing Officer or Director

_____ Date