

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000000553

FILED
Mar 28, 2005
Secretary of State

Entity Name: CHAMBERLAIN PROFESSIONAL PRODUCTS, INC.

Current Principal Place of Business:

2111 LAKELAND AVE.
RONKONKOMA, NY 11779

New Principal Place of Business:

Current Mailing Address:

845 LARCH AVE
ELMHURST, IL 60126 US

New Mailing Address:

FEI Number: 11-3222256 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 RD.
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: P () Delete
Name: ROLLS, J. DAVID
Address: 543 ROB ROY CT
City-St-Zip: INVERNESS, IL

Title: VCFO () Delete
Name: FEALY, ROBERT L
Address: 188 POPLAR AVE
City-St-Zip: ELMHURST, IL 60126

Title: V () Delete
Name: MARKWART, ROBERT C.
Address: 5501 GROVESIDE LANE
City-St-Zip: ROLLING MEADOWS, IL

Title: VPO () Delete
Name: DURAZO, ROBERT
Address: 6 MILLER RARM CT
City-St-Zip: MILLER PLACE, NY 11764

Title: VPT () Delete
Name: O'CONNOR, COLLEEN M
Address: 1315 SADDLEBROOK
City-St-Zip: BARTLETT, IL 60103

Title: VPSM () Delete
Name: MARKWART, ROBERT C
Address: 5501 GROVESIDE LANE
City-St-Zip: ROLLING MEADOWS, IL 60008

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:

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

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

Title: ATAS (X) Change () Addition
Name: WONG, MARY
Address: 2233 KEIM ROAD
City-St-Zip: NAPERVILLE, IL 60565

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARY WONG

ATAS

03/28/2005

Electronic Signature of Signing Officer or Director

_____ Date