2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State
02-16-2006 90053 035 ***150.00

DOCUMENT # F95000005515

1. Entity Name
NORIX GROUP, INC.

Principal Place of Business	Mailing Address
1000 ATLANTIC DRIVE WEST CHICAGO, IL 60185	% MICHAEL B. UDELL 5400 S. UNIVERSITY DRIVE, # 117 DAVIE, FL 33328

02042006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 36-3257149 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
UDELL, MICHAEL B 5400S. UNIVERSITY DRIVE SUITE 117 DAVIE, FL 33328	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD KARL, RICHARD D 1825 PERSIMMON DRIVE SAINT CHARLES, IL 60174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 4051 Gulf Shore Blvd. North Naples, FL 34103
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD KARL, HEATHER L 1825 PERSIMMON DRIVE SAINT CHARLES, IL 60174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 4051 Gulf Shore Blvd. North Naples, FL 34103
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KARL, SCOTT C 24 STIRRUP CUP SAINT CHARLES, IL 60174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ☒ Change ☒ Addition 41 S. Lincoln Avenue Geneva, IL 60134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS BOYLAN, MICHAEL G 17 NORTH 6TH STREET, P.O BOX 705 GENEVA, IL 60134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Michael G. Boylan, AS 2/7/06 630-232-7670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #