

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90086 033 ***150.00

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1. Entity Name
NORIX GROUP, INC.

Principal Place of Business
**1000 ATLANTIC DRIVE
WEST CHICAGO IL 60185**

Mailing Address
**%MICHAEL B UDELL
5400 S UNIVERSITY DRIVE, # 117
DAVIE, FL 33328**



04122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**UDELL, MICHAEL B
5400S. UNIVERSITY DRIVE
SUITE 117
DAVIE, FL 33328**

**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

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, 2007 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
**CD
KARL, RICHARD D.
4051 GULF SHORE BLVD N
NAPLES, FL 34103**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
KARL, HEATHER L
4051 GULF SHORE BLVD N
NAPLES, FL 34103**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
KARL, SCOTT C
41 S LINCOLN AVE
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**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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* **Michael G. Boylan, AS 4/13/07** 630-232-7670