2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000003204

NICHOLSON, SCOTT J

DARIEN, IL 60561

6718 CLARENDON HILLS ROAD

Name:

Address:

City-St-Zip:

Entity Name: ENTERPRISE RECOVERY SYSTEMS, INC

FILED Jan 05, 2007 Secretary of State

		THOE REGOVERY OF OTTEN	, 1140.			
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
2400 SOU	TH WOLF RC	AD				
STE. 200	ESTER, IL 60	15/				
	•					
Current Mailing Address:			New Maili	New Mailing Address:		
2400 SOUTH WOLF ROAD						
STE. 200 WESTCHE	ESTER, IL 60	154				
FEI Number:	36-3594864	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	Address of 0	Current Registered Agent:	Name and	Address of	New Registered Agent:	
1200 SOU ⁻	ORATION SY TH PINE ISLA ON, FL 33324	ND RD.				
	named entity of Florida.	submits this statement for the	purpose of changing i	ts registered	office or registered agent, or both,	
SIGNATUR	RE:					
	Electro	nic Signature of Registered Ag	jent		Date	
Election Can	npaign Financin	g Trust Fund Contribution ().				
OFFICERS	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P (TORNATORE, 2420 PINECRE WESTCHESTE	EST	Title: Name: Address: City-St-Zip:	TORNATORE 2420 PINECE		
Title: Name: Address: City-St-Zip:	BASSETT, JEF 4813 STANLE		Title: Name: Address: City-St-Zip:	BASSETT, JE 4813 STANLE		
Title: Name: Address: City-St-Zip:	TORNATORE, 5801 S. GRAN HINSDALE, IL	Т	Title: Name: Address: City-St-Zip:	NICHOLSON, 6718 CLAREI DARIEN, IL 6	NDON HILLS ROAD 80561	
Title:	O (X) Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: SAM TORNATORE CEO 01/05/2007