

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002011

**FILED**  
**Feb 21, 2007**  
**Secretary of State**

**Entity Name:** SEARS TERMITE & PEST CONTROL FRANCHISE CORP.

**Current Principal Place of Business:**

3333 BEVERLY ROAD  
B2-130B  
HOFFMAN ESTATES, IL 60179

**New Principal Place of Business:**

**Current Mailing Address:**

3333 BEVERLY RD  
768 TAX , B2-130B  
HOFFMAN ESTATES, IL 60179

**New Mailing Address:**

**FEI Number:** 59-3570014      **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: PD ( ) Delete  
Name: GOOD, MARK  
Address: 3333 BEVERLY RD  
City-St-Zip: HOFFMAN ESTATES, IL 60179

Title: TD ( ) Delete  
Name: STEENBEKE, JOSEPH  
Address: 3333 BEVERLY RD  
City-St-Zip: HOFFMAN ESTATES, IL 60179

Title: AS (X) Delete  
Name: MENGES, CHRISTINE  
Address: 3333 BEVERLY RD  
City-St-Zip: HOFFMAN ESTATES, IL 60179

**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:

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.

SIGNATURE: MARK GOOD

PD

02/21/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date