## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02215

2. Principal Place of Business - No P.O. Box #

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND RD PLANTATION, FL 33324

the obligations of registered agent.

-9∀-

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

FAHEY, JAMES K

2200 E-GOLF-RD:

2200 E-GOLF ROAD

DES PLAINES: IL 60016

GOCHNAUER, RICHARD

DES PLAINES, IL 60016

changed, or on an attachment with an address, with all other like empowered

BR.AN S.

TRY APURET

UNITED STATIONERS SUPPLY CO.

1. Entity Name

Principal Place of Business

DES PLAINES, IL 60016-8267

2200 E. GOLF ROAD

Suite, Apt. #, etc

City & State

SIGNATURE

10.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

## **FILED** May 04, 2007 8:00 am Secretary of State 05-04-2007 90088 004 \*\*\*150.00 Mailing Address 2200 E. GOLF ROAD DES-PLAINES, IL: 60016-8267 3. Mailing Address ne 04262007 CR2E034 (12/06) Chg-P State 4. FEI Number Applied For 36-2431718 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. VICE PRESIDENT Change TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete TITLE Change NAME STREET ADDRESS CITY-ST-7IP Delete TITLE Change ☐ Addition NAME

TITLE HAMPTON, MARK J NAME STREET ADDRESS 2200 E. GOLF RD. STREET ADDRESS CITY-ST-ZIP DES PLAINES, IL 60016 CITY-ST-ZIP TITLE VD. Delete TITLE □ Change Addition DVORAK, KATHLEEN S NAME NAME STREET ADDRESS 2200 E GOLF ROAD STREET ADDRESS DES PLAINES, IL 60016 CITY-ST-ZIP CITY-ST-ZIP TITLE VTS ☐ Delete TITLE ☐ Change ☐ Addition COOPER, BRIAN S NAME NAME 2200 E GOLF RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DES PLAINES, IL 60016 CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition SLOAN, JOHN NAME NAME Coope STREET ADDRESS 2200 E. GOLF RD. STREET ADDRESS CITY-ST-ZIP DES PLAINES, IL 60016 CITY-ST-ZIP 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

COULER