


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90045 047 ***150.00

DOCUMENT # P06923		
1. Entity Name CBI SERVICES, INC.		
Principal Place of Business 1509 N. DIVISION ST. PLAINFIELD IL 60544 US		Mailing Address 1509 N. DIVISION ST. PLAINFIELD IL 60544 US
2. Principal Place of Business 14107 S. Route 59 Suite, Apt. #, etc.		3. Mailing Address 14107 S. Route 59 Suite, Apt. #, etc.

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MOORE CR2E034 (11/03)

City & State Plainfield, IL		City & State Plainfield, IL		4. FEI Number 36-3369071	Applied For <input type="checkbox"/> Not Applicable
Zip 60544-8984	Country US	Zip 60544-8984	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE S	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME RUSSELL, SCOTT		NAME	
STREET ADDRESS 14 SNOW POND PLACE		STREET ADDRESS	
CITY-ST-ZIP THE WOODLANDS TX 77382		CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME BROWNE, TERENCE G		NAME	
STREET ADDRESS 6946 N. OLEANDER AVE.		STREET ADDRESS	
CITY-ST-ZIP CHICAGO IL 60631		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME GLENN, GERALD M		NAME	
STREET ADDRESS 23 CYPRESS LAKE PLACE		STREET ADDRESS	
CITY-ST-ZIP THE WOODLANDS TX 77382		CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME BOLLWEG, JIM		NAME	
STREET ADDRESS 611 STEAMBOAT RD		STREET ADDRESS	
CITY-ST-ZIP NAPERVILLE IL 60565		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **SECRETARY** 2/25/04 (832) 513-1237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #