



**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90039 001 \*\*\*150.00

DOCUMENT # P06923			
1. Entity Name CBI SERVICES, INC.			
Principal Place of Business 14107 S. ROUTE 59 PLAINFIELD, IL 60544 US		Mailing Address 14107 S. ROUTE 59 PLAINFIELD, IL 60544 US	
2. Principal Place of Business		3. Mailing Address <b>2103 RESEARCH FOREST DR.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>THE WOODLANDS, TX</b>	
Zip	Country	Zip	Country
		<b>77380</b>	<b>USA</b>
4. FEI Number 36-3369071		Applied For <input type="checkbox"/> Not Applicable	
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			
Street Address (P.O. Box Number is Not Acceptable)			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	S RUSSELL, SCOTT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	14 SNOW POND PLACE	NAME	
STREET ADDRESS	THE WOODLANDS, TX 77382	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TD BROWNE, TERRENCE G <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6946 N. OLEANDER AVE.	NAME	
STREET ADDRESS	CHICAGO, IL 60631	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D GLENN, GERALD M <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3 GRAND REGENCY CIRCLE	NAME	
STREET ADDRESS	THE WOODLANDS, TX 77382	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	PD BOLLWEG, JIM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	611 STEAMBOAT RD	NAME	
STREET ADDRESS	NAPERVILLE, IL 60565	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	
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 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: 		R. SCOTT RUSSELL	
10		Date: 1/18/06	
		Daytime Phone #: (332) 513-1000	