

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06923

FILED  
Feb 17, 2011  
Secretary of State

Entity Name: CBI SERVICES, INC.

**Current Principal Place of Business:**

1000 REMINGTON BOULEVARD  
SUITE 220  
BOLINGBROOK, IL 60440 US

**New Principal Place of Business:**

**Current Mailing Address:**

2103 RESEARCH FOREST DR  
THE WOODLANDS, TX 77380 US

**New Mailing Address:**

2103 RESEARCH FOREST DR  
C/O TAX DEPT.  
THE WOODLANDS, TX 77380 US

FEI Number: 36-3369071

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. 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

**OFFICERS AND DIRECTORS:**

Title: S  
Name: BROWNING, WALTER G  
Address: 6 HAMPTON PLACE  
City-St-Zip: THE WOODLANDS, TX 77381 US

Title: TD  
Name: BROWNE, TERENCE G  
Address: 6946 N. OLEANDER AVE.  
City-St-Zip: CHICAGO, IL 60631 US

Title: D  
Name: ASHERMAN, PHILIP K  
Address: 38 GRAND GARDEN CT.  
City-St-Zip: THE WOODLANDS, TX 77381 US

Title: VP  
Name: STOBART, MARK A  
Address: 3604 BREITWEISER LANE  
City-St-Zip: NAPERVILLE, IL 60564 US

Title: D  
Name: SUPLIZIO, MICHAEL E  
Address: 426 71ST. STREET  
City-St-Zip: DARIEN, IL 60561

I hereby 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 all other like empowered.

SIGNATURE: WALTER G. BROWNING

S

02/17/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date