FILED 2006 FOR PROFIT CORPORATION ANNUAL REPORT Feb 06, 2006 08:00 AM **Secretary of State** DOCUMENT # P13754 1. Entity Name MID-AMERICA RESEARCH, INC. Principal Place of Business Malling Address 999 NORTH ELMHURST ROAD 999 NORTH ELMHURST ROAD 210 MT. PROSPECT, IL 60056 MT. PROSPECT, IL 60056 01232006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 36-3306438 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent OTTENFELD, MARSHALL DO NOT WRITE 303 US 301 BLVD, WEST SUITE 811, DESOTO SQUARE MALL IN THIS SPACE BRADENTON, FL 34205 8. The above named enti ment 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 reg OTTOFELD MBRSHALL SIGNATURE e of registered agent and bile if applicable INDIE: Repistered Agent signature required when reinstating? 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME OTTENFELD, MARSHALL STREET ADDRESS 999 NORTH ELMHURST ROAD CITY-ST-ZIP MT. PROSPECT, IL TITLE Unnniu420709 02/16/06-80007-003 150.00 NAME OTTENFELD, GLORIA J STREET ADDRESS 999 NORTH ELMHURST ROAD CITY-ST-ZIP MT. PROSPRECT, IL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

polyuality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information are and that my signature shall have the same legal effect as if made under oath; that I am an officer or director the third port as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if I hereby certify that the information supplied with indicated on this report or supplemental report of the corporation or the receiver or truste changed, or on an attachment with an ac-

SIGNATURE:

CITY-ST-ZIP

MAME STREET ADDRESS CITY-ST-ZIP

VAME OF SIGNING OFFICER OR DIRECTOR