

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90190 016 ***150.00

DOCUMENT # P15408 1. Entity Name TRUE VALUE COMPANY	
--	---

Principal Place of Business 8600 W BRYN MAWR 8600 W. BRYN MAWR CHICAGO, IL 60631 US	Mailing Address 8600 W BRYN MAWR CHICAGO, IL 60631 US
--	---

40069311



04122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-2099896	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
---	--

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

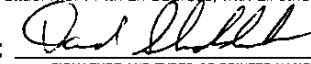
FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP MAHURIN, STEVE 8600 W BRYN MAUR CHICAGO, IL 60631
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSON, JON M 8600 W. BRYN MAWR CHICAGO, IL 60631
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ANDERSON, CATHY 8600 W BRYN MAWR CHICAGO, IL 60631
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCIO WEBBER, LESLIE 8600 W BRYN MAWR CHICAGO, IL 60631
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO HEIDEMANN, LYLE G 8600 W BRYN MAWR CHICAGO, IL 60631
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOV SHADDUCK, DAVID A 8600 W BRYN MAWR CHICAGO, IL 60631

**DO NOT WRITE
IN THIS SPACE**

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:  **David Shadduck** **4.18.07** **773695000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #