


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P33685

1. Entity Name
STAVELEY SERVICES NORTH AMERICA, INC.



Principal Place of Business Mailing Address

192 INTERNATIONALE BLVD. 192 INTERNATIONALE BLVD.
 GLENDALE HEIGHTS, IL 60139 US GLENDALE HEIGHTS, IL 60139 US



03302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1226185	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ 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 \$350.00

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

000000126389
 04/23/04-80032-002 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD SLIVA, THOMAS 192 INTERNATIONALE BLVD GLENDALE HEIGHTS, IL 60139
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TSD SINCHAK, L.R. 192 INTERNATIONALE BLVD. GLENDALE HEIGHTS, IL 60139
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD HILDEBRAND, BERT 916 GATEWAY BURLINGTON, ONT CANADA, I71 5k7
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lawrence R. Sinchak* *Lawrence R. Sinchak* 4/6/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dymo Print #