

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P35385

FILED
Apr 24, 2006
Secretary of State

Entity Name: CHARTERED MARKETING SERVICES, INC.

Current Principal Place of Business:

315 W UNIVERSITY DRIVE
ARLINGTON HEIGHTS, IL 60004

New Principal Place of Business:

Current Mailing Address:

315 W UNIVERSITY DRIVE
ARLINGTON HEIGHTS, IL 60004

New Mailing Address:

FEI Number: 36-3147665

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GALLAGHER, RICHARD C
Address: 315 W UNIVERSITY DR
City-St-Zip: ARLINGTON HEIGHTS, IL 60004

Title: VP () Delete
Name: FLANAGAN, DIANE
Address: 315 W UNIVERSITY DRIVE
City-St-Zip: ARLINGTON HEIGHTS, IL 60004

Title: CFOC () Delete
Name: HALLAGAN, DONALD J
Address: 315 W UNIVERSITY DRIVE
City-St-Zip: ARLINGTON HEIGHTS, IL 60004

Title: D () Delete
Name: KENNEALY, MICHAEL
Address: ONE INTERNATIONAL PL, 29TH FL
City-St-Zip: BOSTON, MA 02110

Title: D () Delete
Name: MITCHELL, CHRISTOPHER
Address: ONE INTERNATIONAL PLACE, 29TH FL
City-St-Zip: BOSTON, MA 02110

Title: D () Delete
Name: WILSON, MICHAEL A
Address: HIGH ST TOWER STE 2500 125 HIGH ST
City-St-Zip: BOSTON, MA 02110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DONALD J HALLAGAN

CFOC

04/24/2006

Electronic Signature of Signing Officer or Director

Date