

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # P97000046542

1. Entity Name
OAPP CORPORATION



Principal Place of Business
201 S.E. 24TH AVE.
POMPANO BEACH, FL 33062

Mailing Address
201 S.E. 24TH AVE.
POMPANO BEACH, FL 33062



02062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0764288

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WITTE, LARRY F
201 S.E. 24TH AVE.
POMPANO BEACH, FL 33062

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000857342
04/08/08-80067-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BORG, DAVID A
STREET ADDRESS	1529 VEST AVE.
CITY-ST-ZIP	NAPERVILLE, IL 60563
TITLE	DSVP
NAME	VAN ITEN, KAREN D
STREET ADDRESS	1163 PALMETTO CT.
CITY-ST-ZIP	NAPERVILLE, IL 60540
TITLE	DTVP
NAME	WHITNEY, LINDA E
STREET ADDRESS	25005 ROUND BARM ROAD
CITY-ST-ZIP	PLAINFIELD, IL 60585

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #