

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000007049

FILED
Feb 15, 2013
Secretary of State
CC4202090019

Entity Name: DAVID VAUGHAN INVESTMENTS, INC.

Current Principal Place of Business:

5823 N. FOREST PARK DR.
PEORIA, IL 61614

Current Mailing Address:

5823 N. FOREST PARK DR.
PEORIA, IL 61614

FEI Number: 37-1272863

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VAN ARSDALE, STUART
901 TUSKAWILLATRAIL
WINTER SPRINGS, FL 32708-4023 US

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: STUART VAN ARSDALE

02/15/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DC
Name VAUGHAN, DAVID
Address 8754 LAKE TIBET CT CYPRESS POINT
City-State-Zip: ORLANDO FL 32836

Title DP
Name WILLIAMS, LAWRENCE IV
Address 5823 N. FOREST PARK DR.
City-State-Zip: PEORIA IL 61614

Title DSVP
Name CHRISTENSEN, BRIAN
Address 5823 N. FOREST PARK DR.
City-State-Zip: PEORIA IL 61614

Title VP
Name SHERIDAN, TODD
Address 5823 N. FOREST PARK DR.
City-State-Zip: PEORIA IL 61614

Title VP
Name SMARJESSE, PATRICK
Address 5823 N FOREST PARK DR
City-State-Zip: PEORIA IL 61614

Title TREA
Name SINCLAIR, JIM
Address 5823 N FOREST PARK DR
City-State-Zip: PEORIA IL 61614

Title SECRETARY
Name HOWARD, PATRICIA
Address 5823 N FOREST PARK DRIVE
City-State-Zip: PEORIA IL 61614

Title DIRECTOR
Name BAUM, WAYNE
Address 5823 N FOREST PARK DRIVE
City-State-Zip: PEORIA IL 61614

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: JIM SINCLAIR

TREASURER/CCO

02/15/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PILLMAN, VIRGINA
Address 5823 N FOREST PARK DRIVE
City-State-Zip: PEORIA IL 61614

Title DIRECTOR
Name MCCLURE, JOHN
Address 5823 N FOREST PARK DRIVE
City-State-Zip: PEORIA IL 61614