

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000007049

**FILED**  
**Jan 30, 2014**  
**Secretary of State**  
**CC4065451095**

**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

01/30/2014

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

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*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

01/30/2014

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