

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 017109

FILED
Apr 12, 2007
Secretary of State

Entity Name: THE CORPORATION COMPANY

Current Principal Place of Business:

1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

New Principal Place of Business:

Current Mailing Address:

2700 LAKE COOK ROAD
WKUS LEGAL
RIVERWOODS, IL 60015

New Mailing Address:

2700 LAKE COOK ROAD
WKUS LEGAL DEPT
RIVERWOODS, IL 60015

FEI Number: 51-0099484

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: S () Delete
Name: LENZ, BRUCE C
Address: 2700 LAKE COOK ROAD
City-St-Zip: RIVERWOODS, IL 60015

Title: PD () Delete
Name: LANDOE, EUGENE
Address: 111 8TH AVE 13TH FLOOR
City-St-Zip: NY, NY 10011

Title: VP () Delete
Name: GORDON, DALE C
Address: 2700 LAKE COOK ROAD
City-St-Zip: RIVERWOODS, IL 60015

Title: AT () Delete
Name: HEALY, PETER F
Address: 2700 LAKE COOK ROAD
City-St-Zip: RIVERWOODS, IL 60015

Title: D () Delete
Name: PLAISTOWE, NORM P
Address: 2700 LAKE COOK ROAD
City-St-Zip: RIVERWOODS, IL 60015

Title: VP () Delete
Name: UVA, KEN
Address: 111 EIGHTH AVE 13TH FLOOR
City-St-Zip: NEW YORK, NY 10011

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
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: PLAISTOWE, NORM
Address: 2700 LAKE COOK ROAD
City-St-Zip: RIVERWOODS, IL 60015

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: DALE C GORDON

VP

04/12/2007

Electronic Signature of Signing Officer or Director

_____ Date