2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 300480

Entity Name: DOALL FLORIDA COMPANY

FILED Apr 17, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1480 S. WOLF ROAD WHEELING, IL 60090

Current Mailing Address: New Mailing Address:

1480 S. WOLF ROAD WHEELING, IL 60090

FEI Number: 59-1112401 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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:

Name:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: **PRFS** (X) Change () Addition CRAWFORD, DAVID CRAWFORD, DAVID Name: Name:

1480 S. WOLF ROAD 1480 S. WOLF ROAD Address: Address: WHEELING, IL 60090 City-St-Zip: WHEELING, IL 60090 City-St-Zip:

Title: Title: () Delete SEC (X) Change () Addition

Name: GORDON, CLIFFORD Name: MORAN, TIMOTHY P 1480 S. WOLF ROAD 1480 S. WOLF ROAD Address: Address: WHEELING, IL 60090 WHEELING, IL 60090 City-St-Zip: City-St-Zip:

() Delete Title: (X) Change () Addition Title: TRES

MORAN, TIMOTHY P MORAN, TIMOTHY P Name: Name: 1480 S. WOLF ROAD 1480 S. WOLF ROAD Address: Address: City-St-Zip: WHEELING, IL 60090 City-St-Zip: WHEELING, IL 60090

Title: COB () Delete Title: **EVP** (X) Change () Addition

WILKIE, MICHAEL L HENRICKS, JON M Name: Name: Address: 1480 S. WOLF ROAD Address: 1480 S. WOLF ROAD City-St-Zip: WHEELING, IL 60090 City-St-Zip: WHEELING, IL 60090

Title: EVP Title: (X) Change () Addition () Delete COB

HENRICKS, JON M Name: WILKIE, MICHAEL L 1480 S. WOLF ROAD Address: 1480 S. WOLF ROAD Address: City-St-Zip: WHEELING, IL 60090 City-St-Zip: WHEELING, IL 60090

I hereby certify that the information supplied with this filing does not qualify 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: MANDELINE HENDRICKS POA 04/17/2008