


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 564257</b> 1. Entity Name MINTO BUILDERS (FLORIDA), INC.	
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Principal Place of Business 2901 BUTTERFIELD ROAD OAK BROOK, IL 60523 US	Mailing Address 2901 BUTTERFIELD ROAD OAK BROOK, IL 60523 US
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**DO NOT WRITE IN THIS SPACE**



04042008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1790923	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	<b>DO NOT WRITE IN THIS SPACE</b>
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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

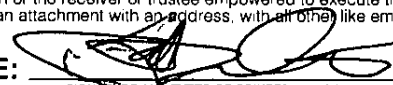
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000305248 05/01/08-80045-015 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUJRAL, BRENDA G 2901 BUTTERFIELD ROAD OAK BROOK, IL 60523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MATLIN, ROBERTA S 2901 BUTTERFIELD ROAD OAK BROOK, IL 60523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FOUST, LORI J 2901 BUTTERFIELD ROAD OAK BROOK, IL 60523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILTON, SCOTT W 2901 BUTTERFIELD ROAD OAK BROOK, IL 60523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENBERG, ALAN 2901 BUTTERFIELD ROAD OAK BROOK, IL 60523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKINNEY, J. ERIC 2901 BUTTERFIELD ROAD OAK BROOK, IL 60523

**DO NOT WRITE  
IN THIS SPACE**

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:**  **Scott W. Wilton, Secretary** 630/218-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_