

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 680688

1. Entity Name  
DURAVEST, INC.



Principal Place of Business  
101 NORTH WACKER DRIVE  
2006  
CHICAGO, IL 60606-1913 US

Mailing Address  
1040 SOUTH MILWAUKEE AVE  
SUITE 250  
WHEELING, IL 60090 US

**DO NOT WRITE IN THIS SPACE**



07172008 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0924320

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 12, 2008**

9. Election Campaign Financing-  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000956881  
08/01/08-80004-004 550.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO HAMMJE, HENDRIK 1040 SOUTH MILWAUKEE AVE WHEELING, IL 60090
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BENZ, DIETER 1040 SOUTH MILWAUKEE AVE, SUITE 250 WHEELING, IL 60090
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BENZ, DIETER

JUL 18, 2008

Date

847-791-5677

Daytime Phone #