

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 812712**

1. Entity Name  
AUTONETICS, INC.



Principal Place of Business

100 N. RIVERSIDE

MC 5003-4027

CHICAGO, IL 60606 US

Mailing Address

100 N. RIVERSIDE

MC 5003-4027

CHICAGO, IL 60606 US



01252005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

95-2417477

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 32301-2525

**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 \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ZRUST, JAMES
STREET ADDRESS	100 N RIVERSIDE PLAZA
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	S
NAME	JOHNSON, JAMES
STREET ADDRESS	100 N RIVERSIDE PLAZA
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	T
NAME	KINSHERFF, R. PAUL
STREET ADDRESS	100 N RIVERSIDE PLAZA
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	AS
NAME	GEIKEN, GARY A
STREET ADDRESS	100 N. RIVERSIDE PLZ.
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000205002  
01/31/05-80027-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #