

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 817348**

1. Entity Name  
**GEORGE S. MAY INTERNATIONAL COMPANY**



Principal Place of Business  
**303 S. NORTHWEST HIGHWAY  
PARK RIDGE, IL 60068-4279**

Mailing Address  
**303 S. NORTHWEST HIGHWAY  
PARK RIDGE, IL 60068-4279**

**DO NOT WRITE IN THIS SPACE**



01212008 No Chg-P CR2E034 (11/05)

4. FEI Number **36-2516575** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR STE 4  
WESTON, FL 33331**

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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

*Michael J. Fasano*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*1/22/08*

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	VPD
NAME	CAMPBELL, DOROTHY MAY
STREET ADDRESS	30 EASTWINDS CIRCLE
CITY-ST-ZIP	TEQUESTA, FL 33469
TITLE	TAS
NAME	HANRAHAN, MICHAEL J
STREET ADDRESS	3805 CHARLEMAGNE DR
CITY-ST-ZIP	HOFFMAN ESTATES, IL 60195
TITLE	C
NAME	FASANO, JOSEPH M
STREET ADDRESS	1439 WOODHILL DR.
CITY-ST-ZIP	NORTHBROOK, IL 60062
TITLE	P
NAME	ISRAEL, KUSHNIR
STREET ADDRESS	303 S. NORTHWEST HWY
CITY-ST-ZIP	PARK RIDGE, IL 60068
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

*Michael J. Fasano*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/22/08*  
Date

*(847) 825-8806*  
Daytime Phone #