

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90253 046 ***150.00

60002904



01052006 Chg-P CR2E034 (11/05)

4. FEI Number
36-2675206

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CPD	<input type="checkbox"/> Delete
NAME	TILTON, GLENN F	
STREET ADDRESS	1200 ALGONQUIN ROAD	
CITY-ST-ZIP	ELK GROVE VILLAGE, IL 60007	
TITLE	V	<input type="checkbox"/> Delete
NAME	HACKER, DOUGLAS	
STREET ADDRESS	1200 ALGONQUIN RD.	
CITY-ST-ZIP	ELK GROVE VILLAGE, IL 60007	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TAGUE, JOHN A	
STREET ADDRESS	1200 ALGONQUIN RD	
CITY-ST-ZIP	ELK GROVE TOWNSHIP, IL 60007	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BRACE, FREDERIC F	
STREET ADDRESS	1200 ALGONQUIN ROAD	
CITY-ST-ZIP	ELK GROVE VILLAGE, IL 60007	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCDONALD, PETER D	
STREET ADDRESS	1200 ALGONQUIN ROAD	
CITY-ST-ZIP	ELK GROVE VILLAGE, IL 60007	
TITLE	TV	<input checked="" type="checkbox"/> Delete
NAME	KAWALSKY, JEFFREY T	
STREET ADDRESS	1200 ALGONQUIN ROAD	
CITY-ST-ZIP	ELK GROVE VILLAGE, IL 60007	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TV MIKELLS, KATHRYN A
STREET ADDRESS	1200 ALGONQUIN ROAD
CITY-ST-ZIP	ELK GROVE TOWNSHIP, IL 60007

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.

KATHRYN A. MIKELLS

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/06/06

Date

847-700-6186

Daytime Phone #