2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# 829045

Entity Name: H.W. LOCHNER INC

Current Principal Place of Business:

20 NORTH WACKER DRIVE
SUITE 1200
CHICAGO, IL 60606

New Principal Place of Business:

Current Mailing Address:

20 NORTH WACKER DRIVE
SUITE 1200
CHICAGO, IL 60606

New Mailing Address:

FEI Number: 36-2338811 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SANDEEN, JOHN A
13577 FEATHER SOUND DR SUITE 600
C/O H.W. LOCHNER, INC.
CLEARWATER, FL 34622 US

Name and Address of New Registered Agent:

PHIL STEVENS
13577 FEATHER SOUND DR SUITE 600
C/O H.W. LOCHNER, INC.
CLEARWATER, FL 34622 US

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.

SIGNATURE: PHIL STEVENS 04/24/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: LOCHNER, HARRY W. JR, .
Address: 573 JACKSON
City-St-Zip: GLENCOE, IL

Title: SD ( ) Delete
Name: CLEMENS-NOVAK, BARBARA
Address: 806 RIVERS EDGE DRIVE
City-St-Zip: MINOOKA, IL 60447

Title: D ( ) Delete
Name: LOCHNER, HARRY W JR
Address: 573 JACKSON
City-St-Zip: GLENCOE, IL

Title: D ( ) Delete
Name: LOCHNER, VIRGINIA
Address: 573 JACKSON
City-St-Zip: GLENCOE, IL

Title: D (X) Delete
Name: SANDEEN, JOHN A
Address: 2300 KENT DRIVE SOUTH
City-St-Zip: LARGO, FL 33774

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA CLEMENS-NOVAK SD 04/24/2008
Electronic Signature of Signing Officer or Director Date