


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 830768	
1. Entity Name COLEMAN FLOOR COMPANY	

Principal Place of Business C/O CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324 US	Mailing Address 1930 N THOREAU DR SUITE 100 SCHAUMBURG, IL 60173
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01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-2605373	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLEMAN, THOMAS D 930 FOREST GLEN WINNETKA, IL 60093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KESSLER, ALAN J 17 CORNELL DR LINCOLNSHIRE, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, CHRISTOPHER 247 W. 87TH, APT 18F NEW YORK, NY 10024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KESSLER, ALAN J 17 CORNELL DR. LINCOLNSHIRE, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/20/05-80045-010 158.75

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)(f), 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: Alan Kessler **1/10/2005 847/222-4704**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #