

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 845768

FILED
Jan 31, 2006
Secretary of State

Entity Name: TUTHILL CORPORATION

Current Principal Place of Business:

8500 SOUTH MADISON
BURR RIDGE, IL 60527

New Principal Place of Business:

Current Mailing Address:

8500 SOUTH MADISON
BURR RIDGE, IL 60527

New Mailing Address:

FEI Number: 36-1885005

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CFO () Delete
Name: CARMAZZI, THOMAS
Address: 8500 S MADISON
City-St-Zip: BURR RIDGE, FL 60527

Title: D () Delete
Name: MOWDER, GARY L.
Address: 7200 SEARS TOWER 233 S. WACKER DR.
City-St-Zip: CHICAGO, IL

Title: D () Delete
Name: HICKEY, WILLIAM M. JR.
Address: 8497 OMAHA DRIVE
City-St-Zip: BURR RIDGE, IL

Title: D () Delete
Name: HICKEY, WILLIAM JR
Address: 5500 W 73RD STREET
City-St-Zip: CHICAGO, IL 60638

Title: AS () Delete
Name: GROEBER, DAVID P
Address: 8500 S MADISON
City-St-Zip: BURR RIDGE, IL 60527

Title: PD (X) Delete
Name: TUTHILL, JAMES G. J
Address: 8500 S MADISON
City-St-Zip: BURR RIDGE, IL 60527

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: MOWDER, GARY L.
Address: 7200 SEARS TOWER 233 S. WACKER DR.
City-St-Zip: CHICAGO, IL 60606

Title: PD (X) Change () Addition
Name: TUTHILL, JAMES G
Address: 8500 SOUTH MADISON
City-St-Zip: BURR RIDGE, IL 60527

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

Title: AT (X) Change () Addition
Name: GROEBER, DAVID P
Address: 8500 S MADISON
City-St-Zip: BURR RIDGE, IL 60527

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID P GROEBER

AT

01/31/2006

Electronic Signature of Signing Officer or Director

_____ Date