## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 845768**

Entity Name: TUTHILL CORPORATION

FILED Mar 19, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 8500 SOUTH MADISON BURR RIDGE, IL 60527 **Current Mailing Address: New Mailing Address:** 8500 SOUTH MADISON BURR RIDGE, IL 60527 FEI Number: 36-1885005 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CFO ( ) Delete Title: COO (X) Change ( ) Addition Name: CARMAZZI, THOMAS Name: CARMAZZI, THOMAS 8500 S MADISON 8500 S MADISON Address: Address: City-St-Zip: BURR RIDGE, FL 60527 City-St-Zip: BURR RIDGE, FL 60527 Title: Title: () Delete CIO (X) Change ( ) Addition Name: MOWDER, GARY L. Name: OLER, CHUCK 7200 SEARS TOWER 233 S. WACKER DR. 8500 S MADISON Address: Address: BURR RIDGE, IL 60527 City-St-Zip: CHICAGO, IL 60606 City-St-Zip: Title: PD ( ) Delete Title: () Change () Addition TUTHILL, JAMES G Name: Name: 8500 SOUTH MADISON Address: Address: City-St-Zip: BURR RIDGE, IL 60527 City-St-Zip: Title: () Delete Title: CFO (X) Change ( ) Addition HICKEY, WILLIAM JR AHLBORN, JAMES Name: Name: Address: 5500 W 73RD STREET Address: 8500 S MADISON City-St-Zip: CHICAGO, IL 60638 City-St-Zip: BURR RIDGE, IL 60527 Title: Title: ( ) Delete () Change () Addition GROEBER, DAVID P Name: Name: 8500 S MADISON Address: Address: City-St-Zip: BURR RIDGE, IL 60527 City-St-Zip: Title: () Delete Title: CIO ( ) Change (X) Addition Name: Name: JENKINS, GEORGE 8500 S MADISON Address: Address: City-St-Zip: City-St-Zip: BURR RIDGE, IL 60527

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: DAVID P. GROEBER AT 03/19/2009