

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2004 08:00 AM
Secretary of State

DOCUMENT # 848007

1. Entity Name
RYCOLINE PRODUCTS, INC.



Principal Place of Business
5540 NORTHWEST HIGHWAY
CHICAGO, IL 60630-1116

Mailing Address
5540 NORTHWEST HIGHWAY
CHICAGO, IL 60630-1116



03312004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **36-3102238** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PALMER, CHARLES L.
312 SW 17TH ST STE 300
FORT LAUDERDALE, FL 33302

**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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000104423
04/06/04-80010-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	PALMER, CHARLES
STREET ADDRESS	312 SW 17TH ST STE 300
CITY - ST - ZIP	FT. LAUDERDALE, FL 33302
TITLE	S
NAME	DRESSLER, SHARON
STREET ADDRESS	312 17TH STREET SUITE 300
CITY - ST - ZIP	FT. LAUDERDALE, FL 33302
TITLE	AS
NAME	DIDOMENICO, VICTORIA
STREET ADDRESS	3608 N FALCON CT
CITY - ST - ZIP	ROLLING MEADOWS CHICAGO, IL
TITLE	V
NAME	ANDERSON, GARY A.
STREET ADDRESS	1124 WIND ENERGY PASS
CITY - ST - ZIP	BATAVIA, IL
TITLE	PD
NAME	NICHOL, NORMAN
STREET ADDRESS	1021 DOVER COURT
CITY - ST - ZIP	LIBERTYVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY ANDERSON

03/31/04

Date

773 / 467-2320

Daytime Phone #