
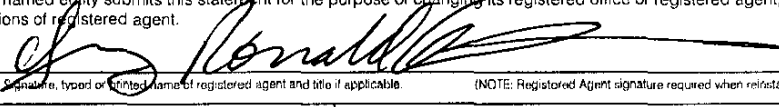
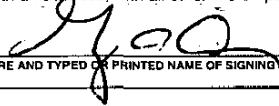


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90063 050 ***150.00

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 36-3102238	
				5. Certificate of Status Desired <input type="checkbox"/> \$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			7. Name and Address of New Registered Agent Name RON ASKIN Street Address (P.O. Box Number is Not Acceptable) 1820 N.W. 21ST STREET City POMPANO BEACH FL Zip Code 33069		
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  3/28/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PALMER, CHARLES 312 SW 17TH ST STE 300 FT. LAUDERDALE, FL 33302	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVID HILL 35 WATERVIEW BOULEVARD PARSIPPANY, NJ 07054-1285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DRESSLER, SHARON 312 17TH STREET SUITE 300 FT. LAUDERDALE, FL 33302	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAM GLASS 35 WATERVIEW BOULEVARD PARSIPPANY, NJ 07054-1285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DIDOMENICO, VICTORIA 3608 N FALCON CT ROLLING MEADOWS CHICAGO, IL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANDERSON, GARY A. 1124 WIND ENERGY PASS BATAVIA, IL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NICHOL, NORMAN 1021 DOVER COURT LIBERTYVILLE, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:  4/1/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					