

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90245 016 ***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

04182006

Chg-P

CR2E034 (11/05)

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

ASKIN, RON
1820 NW 21ST STREET
POMPANO BEACH, FL 33069

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE VP ☐ Delete
NAME HILL, DAVID
STREET ADDRESS 35 WATERVIEW BLVD
CITY-ST-ZIP PARSIPPANY, NJ 070541285

TITLE S ☒ Delete
NAME GLASS, WILLIAM
STREET ADDRESS 35 WATERVIEW BLVD
CITY-ST-ZIP PARSIPPANY, NJ 070541285

TITLE AS ☒ Delete
NAME DIDOMENICO, VICTORIA
STREET ADDRESS 3608 N FALCON CT
CITY-ST-ZIP ROLLING MEADOWS CHICAGO, IL

TITLE V ☐ Delete
NAME ANDERSON, GARY A.
STREET ADDRESS 1124 WIND ENERGY PASS
CITY-ST-ZIP BATAVIA, IL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Change ☒ Addition
NAME DAVID HOHMAN
STREET ADDRESS 5540 N. NORTHWEST HWY
CITY-ST-ZIP CHICAGO, IL 60630

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

04-18-06

Date

773-7756755

Daytime Phone #