

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90168 037 \*\*\*150.00

<b>DOCUMENT # 848411</b>	
1. Entity Name <b>VERICLAIM, INC.</b>	

Principal Place of Business <b>233 S WACKER STE 2420 CHICAGO IL 60606</b>	Mailing Address <b>233 SOUTH WACKER DRIVE SUITE 2420 CHICAGO IL 60606</b>
--	--



2. Principal Place of Business <b>1833 CENTRE POINT CIRCLE SUITE 139</b>	3. Mailing Address <b>1833 CENTRE POINT CIRCLE SUITE 139</b>
---	---

1st MOORE CR2E034 (10/05)

City & State <b>NAPERVILLE IL</b>	City & State <b>NAPERVILLE IL</b>
Zip <b>60563</b>	Zip <b>60563</b>

4. FEI Number <b>36-3105904</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301</b>	
---	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
--	------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE <b>S</b>	<input type="checkbox"/> Delete
NAME <b>PUJOL, MARY E</b>	
STREET ADDRESS <b>195 BROADWAY 20TH FLOOR</b>	
CITY-ST-ZIP <b>NEW YORK NY 10007</b>	
TITLE <b>P</b>	<input type="checkbox"/> Delete
NAME <b>DOTOLI, JOSEPH A</b>	
STREET ADDRESS <b>233 SOUTH WACKER DRIVE, SUITE 2420</b>	
CITY-ST-ZIP <b>CHICAGO IL 60606</b>	
TITLE <b>C</b>	<input type="checkbox"/> Delete
NAME <b>WINCHESTER, IAN</b>	
STREET ADDRESS <b>195 BROADWAY 20TH FLOOR</b>	
CITY-ST-ZIP <b>NEW YORK NY 10007</b>	
TITLE <b>CFO</b>	<input type="checkbox"/> Delete
NAME <b>ARBOUR, MICHAEL A</b>	
STREET ADDRESS <b>233 SOUTH WACKER DRIVE, SUITE 2420</b>	
CITY-ST-ZIP <b>CHICAGO IL 60606</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>CARABOTT, PETER</b>	
STREET ADDRESS <b>233 SOUTH WACKER DRIVE, SUITE 2420</b>	
CITY-ST-ZIP <b>CHICAGO IL 60606</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DOTOLI, JOSEPH A</b>	
STREET ADDRESS <b>1833 CENTRE POINT CIRCLE, #139</b>	
CITY-ST-ZIP <b>NAPERVILLE IL 60563</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <b>CFO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ARBOUR, MICHAEL A</b>	
STREET ADDRESS <b>1833 CENTRE POINT CIRCLE, #139</b>	
CITY-ST-ZIP <b>NAPERVILLE IL 60563</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CARABOTT, PETER</b>	
STREET ADDRESS <b>1833 CENTRE POINT CIRCLE, #139</b>	
CITY-ST-ZIP <b>NAPERVILLE IL 60563</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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: *Michael A Arbour* **MICHAEL A ARBOUR** 2/24/06 (630) 245-7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #