


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90559 004 \*\*\*150.00

<b>DOCUMENT # 851487</b> 1. Entity Name <b>FRANK ORLANDO, JR. &amp; CO., INC.</b>					
Principal Place of Business <b>570 LAKE COOK RD STE 300 DEERFIELD, IL 60015</b>			Mailing Address <b>570 LAKE COOK RD STE 300 DEERFIELD, IL 60015</b>		
2. Principal Place of Business <b>Nine Parkway N., Suite 500</b> Suite, Apt. #, etc.		3. Mailing Address <b>Nine Parkway N., Suite 500</b> Suite, Apt. #, etc.			
City & State <b>Deerfield, IL 60015</b> Zip Country		City & State <b>Deerfield, IL 60015</b> Zip Country		4. FEI Number <b>36-2999939</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04282005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331</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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEOD</b> <input type="checkbox"/> Delete <b>PYE, IAN</b> <b>570 LAKE COOK RD- STE 300</b> <b>DEERFIELD, IL 60015</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Nine Parkway N., Suite 500</b> <b>Deerfield, IL 60015</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input type="checkbox"/> Delete <b>IHLENFELD, BRADLEY</b> <b>570 LAKE COOK RD- STE 300</b> <b>DEERFIELD, IL 60015</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Nine Parkway N., Suite 500</b> <b>Deerfield, IL 60015</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVCD</b> <input type="checkbox"/> Delete <b>BRANNAN, MICHAEL</b> <b>570 LAKE COOK RD- STE 300</b> <b>DEERFIELD, IL 60015</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Nine Parkway N., Suite 500</b> <b>Deerfield, IL 60015</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input checked="" type="checkbox"/> Delete <b>BLOCK, BRAD</b> <b>570 LAKE COOK RD- STE 300</b> <b>DEERFIELD, IL 60015</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>S</b> <b>Rochelle Slater</b> <b>Nine Parkway N., Suite 500</b> <b>Deerfield, IL 60015</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input checked="" type="checkbox"/> Delete <b>PEPIN, DENIS A</b> <b>570 LAKE COOK RD- STE 300</b> <b>DEERFIELD, IL 60015</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP</b> <input type="checkbox"/> Delete <b>SLATER, ROCHELLE</b> <b>570 LAKE COOK RD</b> <b>DEERFIELD, IL 60015</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Nine Parkway N., Suite 500</b> <b>Deerfield, IL 60015</b>	
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.					
<b>SIGNATURE:</b> <u>Rochelle P. Slater, Rochelle P. Slater</u> <u>4/28/05</u> (847) 940-1200 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					