## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 851487** 

Title:

Name:

Address: City-St-Zip:

FILED Apr 28, 2006 Secretary of State

Entity Name: FRANK ORLANDO, JR. & CO., INC. **Current Principal Place of Business: New Principal Place of Business:** NINE PKWY N., SUITE 500 DEERFIELD, IL 60015 **Current Mailing Address: New Mailing Address:** NINE PKWY N., SUITE 500 DEERFIELD, IL 60015 FEI Number: 36-2999939 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NRAI SERVICES, INC 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CFOD ( ) Delete Title: () Change () Addition Name: PYE, IAN Name: NINE PKWY N., SUITE 500 Address: Address: City-St-Zip: DEERFIELD, IL 60015 City-St-Zip: Title: Title: () Delete () Change () Addition IHLENFELD, BRADLEY Name: Name: NINE PKWY N., SUITE 500 Address: Address: City-St-Zip: DEERFIELD, IL 60015 City-St-Zip: Title: Title: SVCD ( ) Delete () Change () Addition BRANNAN, MICHAEL Name: Name: NINE PKWY N., SUITE 500 Address: Address: City-St-Zip: DEERFIELD, IL 60015 City-St-Zip: Title: ( ) Delete Title: () Change () Addition SLATER, ROCHELLE Name: Name: Address: NINE PKWY N., SUITE 500 Address: City-St-Zip: DEERFIELD, IL 60015 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ROCHELLE SLATER SVP 04/28/2006

() Delete

SLATER, ROCHELLE

DEERFIELD, IL 60015

NINE PKWY N SUITE 500

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