

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90115 047 \*\*\*150.00

**DOCUMENT # 851822**

1. Entity Name  
**STOCKING SPECIALISTS, INC.**



Principal Place of Business  
**125 SOUTH FRANKLIN ST.  
CHICAGO, IL 60606**

Mailing Address  
**125 SOUTH FRANKLIN ST.  
CHICAGO, IL 60606**

**50049654**



04272005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**94-2235377**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	LORIMER, MICHAEL C
STREET ADDRESS	125 SOUTH FRANKLIN ST.
CITY-ST-ZIP	CHICAGO, IL 606064679
TITLE	VT
NAME	DURAVA, ROBERT A
STREET ADDRESS	125 S FRANKLIN ST.
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	S
NAME	TORREY, SUZANNE K
STREET ADDRESS	125 S. FRANKLIN ST.
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	ASAT
NAME	CAIN, JOHN W
STREET ADDRESS	125 S FRANKLIN ST
CITY-ST-ZIP	CHICAGO, IL
TITLE	D
NAME	FLEMING, RICHARD H
STREET ADDRESS	125 SOUTH FRANKLIN ST.
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	V.P.
NAME	KAREN L. LEETS
STREET ADDRESS	125 S. FRANKLIN ST.
CITY-ST-ZIP	CHICAGO IL 60606

**DO NOT WRITE  
IN THIS SPACE**

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 empowerer

**SIGNATURE:**

SIGN/ AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

*Karen L. Leets VP*

*4/29/05*