2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # F00000000147

1. Entity Name
ONYX SPECIAL SERVICES, INC.

Principal Place of Business	Mailing Address
125 SOUTH 84TH STREET SUITE 200 MILWAUKEE, WI 53214	3018 N. HWY 146 BAYTOWN, TX 77520

DO NOT WRITE IN THIS SPACE

01102006 No Chg-P CR2E034 (11/05)

4. FEI Number
39-1432114

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000398555
01/31/06-80002-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KRUGER, RANDY
STREET ADDRESS	3018 NORTH HWY 146
CITY-ST-ZIP	BAYTOWN, TX 77520
TITLE	TD
NAME	FARR, GEORGE K
STREET ADDRESS	700 E. BUTTERFIELD ROAD, #201
CITY-ST-ZIP	LOMBARD, IL 60148
TITLE	S
NAME	SIEDOR, GREIG
STREET ADDRESS	700 EAST BUTTERFIELD ROAD
CITY-ST-ZIP	LOMBARD, IL 60148
TITLE	AT
NAME	BRUCKERT, RAPHAEL B
STREET ADDRESS	125 S. 84TH STREET, SUITE 200
CITY-ST-ZIP	MILWAUKEE, WI 53214
TITLE	DVP
NAME	BRAMLETTE, TOM
STREET ADDRESS	700 E. BUTTERFIELD ROAD #201
CITY-ST-ZIP	LOMBARD, IL 60148
TITLE	AT
NAME	KARIUS, HENRY P
STREET ADDRESS	125 S 84TH ST #200,
CITY-ST-ZIP	MILWAUKEE, WI 53214

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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: Randall C Farr 1-16-06 713-307-2166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #