


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # F01000002011 1. Entity Name LANCO INTERNATIONAL (OF ILLINOIS) INC.	
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Principal Place of Business 3111 WEST 167TH STREET HAZEL CREST, IL 60429	Mailing Address 3111 WEST 167TH STREET HAZEL CREST, IL 60429
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DO NOT WRITE IN THIS SPACE



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 36-2608826	Applied For 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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

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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

1100000553181  
 05/15/06-80036-012 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANIGAN, JOHN J JR. 3111 WEST 167TH STREET HAZEL CREST, IL 60429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LANIGAN, MICHAEL T 3111 WEST 167TH STREET HAZEL CREST, IL 60429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LANIGAN, WILLIAM P 3111 WEST 167TH STREET HAZEL CREST, IL 60429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATAS BOQUIST, JOHN J 3111 WEST 167TH STREET HAZEL CREST, IL 60429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASAT BAYERS, STEPHEN J 3111 WEST 167TH STREET HAZEL CREST, IL 60429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATAS LRKEN, EUGENE A JR 3111 WEST 167TH STREET HAZEL CREST, IL 60429

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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: *Eugene A. Lrken* 4/21/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #