

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90105 024 ***150.00

DOCUMENT # F01000002322

1. Entity Name
KH FINANCIAL HOLDING COMPANY



Principal Place of Business
5999 NEW WILKE ROAD, SUITE 205
ROLLING MEADOWS, IL 60008

Mailing Address
5999 NEW WILKE ROAD, SUITE 205
ROLLING MEADOWS, IL 60008

40004603



01122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4386898

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

**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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
HILL, DAVID K
5999 NEW WILKE ROAD, SUITE 205
ROLLING MEADOWS, IL 60008

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
LONG, WILLIAM E
5999 NEW WILKE ROAD, SUITE 205
ROLLING MEADOWS, IL 60008

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
BARBER, HAL H
5999 NEW WILKE ROAD, SUITE 205
ROLLING MEADOWS, IL 60008

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFOD
ROWEHL, EUGENE K
5999 NEW WILKE ROAD, SUITE 205
ROLLING MEADOWS, IL 60008

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
PETERSON, JOANN M
5999 NEW WILKE ROAD, SUITE 205
ROLLING MEADOWS, IL 60008

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hal H. Barber, Vice President

1/17/07

Date

847-364-7300

Daytime Phone #