

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002765

FILED
Jan 04, 2008
Secretary of State

Entity Name: NEW HAVEN MOVING EQUIPMENT CORP. OF ILLINOIS

Current Principal Place of Business:

1110 FULLERTON AVE.
ADDISON, IL 60101

New Principal Place of Business:

Current Mailing Address:

4820 SOUTHPOINT DRIVE
#104
FREDERICKSBURG, VA 22407

New Mailing Address:

FEI Number: 36-3278563 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: PCD () Delete
Name: LEVINE, JAMES P
Address: 42 DUKES CIRCLE
City-St-Zip: LINCOLNSHIRE, IL 60069

Title: VD () Delete
Name: LEVINE, LAWRENCE M
Address: 197 HEATH MEADOW PLACE
City-St-Zip: SIMI VALLEY, CA 93065

Title: STD () Delete
Name: LEVINE, ROGER A
Address: 41 WASHINGTON STREET
City-St-Zip: EAST HAVEN, CT 06512

Title: CFO () Delete
Name: HEARN, DANA A
Address: 9217 ST. ANDREWS LANE
City-St-Zip: FREDERICKSBURG, VA 224089584

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: DANA A. HEARN

CFO

01/04/2008

Electronic Signature of Signing Officer or Director

_____ Date