

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90180 030 ***158.75

DOCUMENT # F01000003030

1. Entity Name
CEC EDUCATED STAFFING, INC.



Principal Place of Business

**2895 GREENPOINT PARKWAY SUITE 600
HOFFMAN ESTATES, IL 60195**

Mailing Address

**2895 GREENPOINT PARKWAY SUITE 600
HOFFMAN ESTATES, IL 60195**



01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4371877

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LARSON, JOHN M
STREET ADDRESS	36 LAKESIDE DRIVE
CITY-ST-ZIP	SOUTH BARRINGTON, IL 60010
TITLE	VSTD
NAME	PESCH, PATRICK K
STREET ADDRESS	401 53RD STREET
CITY-ST-ZIP	WESTERN SPRINGS, IL 60558
TITLE	AS
NAME	NACHTSHEIM, ROBERT W
STREET ADDRESS	199 MARIE DRIVE
CITY-ST-ZIP	INVERNESS, IL 60010
TITLE	AS
NAME	GRAHAM, JOHN
STREET ADDRESS	2895 GREENPOINT PKWY., STE 600
CITY-ST-ZIP	HOFFMAN ESTATES, IL 60195
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John P. Graham
Asst. Secretary

4/28/04

847-781-3600

Date Daytime Phone #