

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000004610

1. Entity Name
LOCKUP DEVELOPMENT CORPORATION



Principal Place of Business

**800 FRONTAGE ROAD
NORTHFIELD, IL 60093**

Mailing Address

**800 FRONTAGE ROAD
NORTHFIELD, IL 60093**

DO NOT WRITE IN THIS SPACE



01022004 No Chg-P CR2E034 (10/03)

4. FEI Number
36-3326994

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**

**000000030803
02/04/04-80122-022 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	SOUDAN, ROBERT A
STREET ADDRESS	110 SHERIDAN ROAD
CITY-ST-ZIP	WINNETKA, IL 60093
TITLE	V
NAME	SAMPLE, CHARLES F
STREET ADDRESS	50 QUAIL LANE
CITY-ST-ZIP	HYANNIS PORT, MA 02647
TITLE	SD
NAME	SAMPLE, CHARLES W
STREET ADDRESS	706 COUNTRY LANE
CITY-ST-ZIP	GLENCOE, IL 60022
TITLE	V
NAME	SOUDAN, ROBERT A JR.
STREET ADDRESS	1120 SKOKIE RIDGE DRIVE
CITY-ST-ZIP	GLENCOE, IL 60022
TITLE	V
NAME	HIELSCHER, RICHARD B
STREET ADDRESS	1468 SCOTT AVE
CITY-ST-ZIP	WINNETKA, IL 60093
TITLE	AS
NAME	GAIL, SANFORD R
STREET ADDRESS	7921 LYONS
CITY-ST-ZIP	MORTON GROVE, IL 60053

**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: Robert A. Soudan, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-04

Date

847-941-7760
Daytime Phone #