

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90051 028 \*\*\*150.00

**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**



01072007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>36-3326994</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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	PTD SOUDAN, ROBERT A 110 SHERIDAN ROAD WINNETKA, IL 60093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SAMPLE, CHARLES F 50 QUAIL LANE HYANNIS PORT, MA 02647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SAMPLE, CHARLES W 706 COUNTRY LANE GLENCOE, IL 60022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SOUDAN, ROBERT A JR. 1120 SKOKIE RIDGE DRIVE GLENCOE, IL 60022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HIELSCHER, RICHARD B 1468 SCOTT AVE WINNETKA, IL 60093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GAIL, SANFORD R 7921 LYONS 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 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 a address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Sanford Gail* **SANFORD GAIL** 1-10-07 847-441-7760