

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F01000004677

1. Entity Name
NUTEMP OF ILLINOIS, INC.



Principal Place of Business
3348 S. PULASKI ROAD
CHICAGO, IL 60623

Mailing Address

3348 S. PULASKI ROAD
CHICAGO, IL 60623

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

04262005 Chg-P CR2E034 (10/03)

14014338



4. FEI Number
36-3249429

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME WARD, TONY
STREET ADDRESS 3348 S. PULASKI ROAD
CITY-ST-ZIP CHICAGO, IL 60623

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE ST
NAME BANASZEK, CURT
STREET ADDRESS 3348 S. PULASKI ROAD
CITY-ST-ZIP CHICAGO, IL 60623

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE DCEO
NAME HOOK, ERIC
STREET ADDRESS 3348 S. PULASKI ROAD
CITY-ST-ZIP CHICAGO, IL 60623

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE D
NAME HARBRIDGE, SIMON
STREET ADDRESS 3348 S. PULASKI ROAD
CITY-ST-ZIP CHICAGO, IL 60623

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: *J. M. M.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/05 (773)847-3220
Date Daytime Phone #