

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91562 049 \*\*\*150.00

**DOCUMENT #** F01000005146  
1. Entity Name  
**COCHRAN & WILKEN, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**5201 S. 6th Street Road**  
Suite, Apt. #, etc.

3. Mailing Address  
**5201 S. 6th Street Road**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Springfield, IL**

City & State  
**Springfield, IL**

Zip  
**62703** Country  
**USA**

Zip  
**62703** Country  
**USA**

4. FEI Number  
**371156805**

Applied For  
 Not Applicable

**DO NOT WRITE IN THIS SPACE**

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

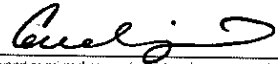
7. Name and Address of Current Registered Agent

Name  
**Carlos Greigo**

Street Address (P.O. Box Number is Not Acceptable)  
**10812 Preservation View Dr., #104**

City  
**Tampa** FL Zip Code  
**33626**

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.

SIGNATURE  DATE **4/10/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

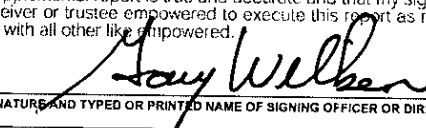
10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	SEE ATTACHED						

**DO NOT WRITE IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **04/15/02** Daytime Phone # **217-585-8300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)

Attachment

DOC# FOI000005146/042823

Florida Secretary of State

Name and Physical Address of Officers:

President: Gary A. Wilken  
1710 S. Lincoln  
Springfield, IL 62704

Vice Pres: Thomas L. Johnson  
218 Twin Oaks Drive  
Rochester, IL 62563

Secretary: Lincoln D. Cochran  
2621 Westport Drive  
Springfield, IL 62707

Treasurer: Lincoln D. Cochran  
2621 Westport Drive  
Springfield, IL 62707

Name and Physical Address of Board of Directors:

Gary A. Wilken  
1710 S. Lincoln  
Springfield, IL 62704

Frank M. Maras  
25 Vernon Drive  
Rochester, IL 62563

Lincoln D. Cochran  
2621 Westport Drive  
Springfield, IL 62707

Bobby G. Chilton  
3617 N. Grand Avenue East, #219  
Springfield, IL 62702

Thomas L. Johnson  
218 Twin Oaks Drive  
Rochester, IL 62563

Gary W. Raines  
745 Stave Mill Road  
Murphysboro, IL 62966

Richard W. Schudde  
3142 Otter Lane  
Springfield, IL 62707

Peter J. Berrini  
608 Magnolia Drive  
Chatham, IL 62629