

**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 # F010Q0005146

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

4. FEI Number

371156805

Applied For

Not Applicable

Zip

62703

Country

USA

Zip

62703

Country

USA

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

**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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/02

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

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/15/02

217-585-8300

CR2E034B (12/01)

Attachment

DOC# FOI 000005146/642823

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. Schmudde
3142 Otter Lane
Springfield, IL 62707

Peter J. Berrini
608 Magnolia Drive
Chatham, IL 62629