2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005146

Entity Name: COCHRAN & WILKEN, INC.

FILED Jan 04, 2005 Secretary of State

Current Principal Place of Business: 5201 SOUTH 6TH STREET RD SPRINGFIELD, IL 627031543 Current Mailing Address: 6201 SOUTH 6TH STREET RD SPRINGFIELD, IL 627031543 SPRINGFIELD, IL 62703154 SPRINGFIELD, IL 6270315 SPRINGF						
Current Mailing Address: Current Mailing Address: SPRINGFIELD, IL 627031543 New Mailing Address: 5201 SOUTH 6TH STREET RD SPRINGFIELD, IL 627031543 SPRINGFIELD, IL 627031543 SPRINGFIELD, IL 627031543 US FEI Number: 37-1156805 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desire. Name and Address of Current Registered Agent: GREIGO, CARLOS 10812 PRESERVATION VIEW DR., #104 TAMPA, FL 33626 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent	Current P	rincipal Plac	e of Business:	New Principal Pla	ace of Business:	
5201 SOUTH 6TH STREET RD SPRINGFIELD, IL 627031543 5201 SOUTH 6TH STREET RD SPRINGFIELD, IL 627031543 US FEI Number: 37-1156805 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desire Name and Address of Current Registered Agent: GREIGO, CARLOS 10812 PRESERVATION VIEW DR., #104 TAMPA, FL 33626 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Title:						
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in the State of Florida. SIGNATURE:	10812 PRE	ESERVATION				
Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIF Title: PCD () Delete Title: () Change () Addition Name: WILKEN, GARY A Name: Address: 5201 SOUTH 6TH ST, RD Address: City-St-Zip: SPRINGFIELD, IL Title: VD () Delete Title: () Change () Addition Name: JOHNSON, THOMAS L Name: Address: 5201 SOUTH 6TH ST, RD City-St-Zip: Title: ST () Delete Title: () Change () Addition Name: OCHRAN, LINCOLN D Name: Address: 5201 SOUTH 6TH ST, RD City-St-Zip: Title: ST () Delete Title: () Change () Addition Name: COCHRAN, LINCOLN D Name: Address: City-St-Zip: SPRINGFIELD, IL Title: D () Delete Title: () Change () Addition Name: SCHMUDDE, RICHARD W Name: Address: 5201 SOUTH 6TH ST, RD City-St-Zip: Title: D () Delete Title: () Change () Addition Name: MARAS, FRANK M Name: Address: City-St-Zip: SPRINGFIELD, IL City-St-Zip: Title: D () Delete Title: () Change () Addition Name: MARAS, FRANK M Name: Address: City-St-Zip: SPRINGFIELD, IL City-St-Zip: Title: D () Delete Title: () Change () Addition Name: MARAS, FRANK M Name: Address: City-St-Zip: SPRINGFIELD, IL City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: S201 SOUTH 6TH ST RD			submits this statement for the p	urpose of changing its regist	tered office or registered agent, or both,	
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	Name: Address:	CHILTON, BOI 5201 SOUTH 6	BBY G 3TH ST RD	Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY A WILKEN PCD 01/04/2005