

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

New Principal Place of Business:

5201 SOUTH 6TH STREET RD
SPRINGFIELD, IL 627031543 US

Current Mailing Address:

5201 SOUTH 6TH STREET RD
SPRINGFIELD, IL 627031543

New Mailing Address:

5201 SOUTH 6TH STREET RD
SPRINGFIELD, IL 627031543 US

FEI Number: 37-1156805

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREIGO, CARLOS
10812 PRESERVATION VIEW DR., #104
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: WILKEN, GARY A
Address: 5201 SOUTH 6TH ST, RD
City-St-Zip: SPRINGFIELD, IL

Title: VD () Delete
Name: JOHNSON, THOMAS L
Address: 5201 SOUTH 6TH ST, RD
City-St-Zip: SPRINGFIELD, IL

Title: ST () Delete
Name: COCHRAN, LINCOLN D
Address: 5201 SOUTH 6TH ST, RD
City-St-Zip: SPRINGFIELD, IL

Title: D () Delete
Name: SCHMUDDER, RICHARD W
Address: 5201 SOUTH 6TH ST, RD
City-St-Zip: SPRINGFIELD, IL

Title: D () Delete
Name: MARAS, FRANK M
Address: 5201 SOUTH 6TH ST RD
City-St-Zip: SPRINGFIELD, IL 62703 US

Title: D () Delete
Name: CHILTON, BOBBY G
Address: 5201 SOUTH 6TH ST RD
City-St-Zip: SPRINGFIELD, IL 62703 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

Electronic Signature of Signing Officer or Director

Date