

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005146

Entity Name: COCHRAN & WILKEN, INC.

FILED  
Feb 17, 2006  
Secretary of State

## Current Principal Place of Business:

5201 SOUTH 6TH STREET RD  
SPRINGFIELD, IL 627031543 US

## New Principal Place of Business:

## Current Mailing Address:

5201 SOUTH 6TH STREET RD  
SPRINGFIELD, IL 627031543 US

## New Mailing Address:

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:

BEVERLY, GLEICH  
1801 EAST LAKE ROAD #17A  
PALM HARBOR, FL 34685 US

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: BEVERLY GLEICH

02/17/2006

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 Chapter 119, 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

02/17/2006

Electronic Signature of Signing Officer or Director

Date