

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005146

FILED
Feb 17, 2006
Secretary of State

Entity Name: COCHRAN & WILKEN, INC.

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