


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90261 047 ***158.75

DOCUMENT # F01000005146					
1. Entity Name COCHRAN & WILKEN, INC.					
Principal Place of Business 8404 INDIAN HILLS DR. OMAHA, NE 68114-4098 US			Mailing Address 8404 INDIAN HILLS DR. OMAHA, NE 68114-4098 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 37-1156805	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PCD NAME WILKEN, GARY A STREET ADDRESS 5201 SOUTH 6TH ST, RD CITY-ST-ZIP SPRINGFIELD, IL	<input type="checkbox"/> Delete		TITLE Director/Vice President NAME Gary A. Wilken STREET ADDRESS 66 Brookside Place CITY-ST-ZIP Springfield, IL 62704	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME JOHNSON, THOMAS L STREET ADDRESS 5201 SOUTH 6TH ST, RD CITY-ST-ZIP SPRINGFIELD, IL	<input checked="" type="checkbox"/> Delete		TITLE Secretary NAME Louis J. Pachman STREET ADDRESS 5008 Chicago Street CITY-ST-ZIP Omaha, NE 68132	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE ST NAME COCHRAN, LINCOLN D STREET ADDRESS 5201 SOUTH 6TH ST, RD CITY-ST-ZIP SPRINGFIELD, IL	<input type="checkbox"/> Delete		TITLE Vice President NAME Lincoln D. Cochran STREET ADDRESS 2621 Westport Drive CITY-ST-ZIP Springfield, IL 62711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME SCHMUDDE, RICHARD W STREET ADDRESS 5201 SOUTH 6TH ST, RD CITY-ST-ZIP SPRINGFIELD, IL	<input checked="" type="checkbox"/> Delete		TITLE Treasurer NAME Wendy L. Lacey STREET ADDRESS 6804 N. 106th Circle CITY-ST-ZIP Omaha, NE 68122	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME MARAS, FRANK M STREET ADDRESS 5201 SOUTH 6TH ST RD CITY-ST-ZIP SPRINGFIELD, IL 62703	<input checked="" type="checkbox"/> Delete		TITLE Director/President NAME George A. Little STREET ADDRESS 2802 N. 160th Street CITY-ST-ZIP Omaha, NE 68116	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME CHILTON, BOBBY G STREET ADDRESS 5201 SOUTH 6TH ST RD CITY-ST-ZIP SPRINGFIELD, IL 62703	<input checked="" type="checkbox"/> Delete		TITLE Vice President NAME Marc W. Eshelman STREET ADDRESS 5722 Lostbrook Court CITY-ST-ZIP St. Louis, MO 63129	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Wendy L. Lacey</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Treasurer		4/17/2007 Date
Wendy L. Lacey			402-399-1000 Daytime Phone #		