2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000005634

1. Entity Name
FORCON DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
40 S. ADDISON RD, STE 100 ADDISON, IL 60101	40 S. ADDISON RD, STE 100 ADDISON, IL 60101

01172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4166935 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEXIS DOCUMENT SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301

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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: Lewis J Connelly 4/6/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CONNELLY JR, WILLIAM T
STREET ADDRESS	40 S. ADDISON RD, STE 100
CITY-ST-ZIP	ADDISON, IL
TITLE	VD
NAME	CONNELLY, JOSEPH C
STREET ADDRESS	40 S. ADDISON RD, STE 100
CITY-ST-ZIP	ADDISON, IL
TITLE	SD
NAME	CONNELLY, KEVIN P
STREET ADDRESS	40 S. ADDISON RD, STE 100
CITY-ST-ZIP	ADDISON, IL
TITLE	TD
NAME	CONNELLY, BRIAN F
STREET ADDRESS	40 S. ADDISON RD, STE 100
CITY-ST-ZIP	ADDISON, IL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/13/04-80012-014 150.00

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Lewis J Connelly 4/6/04 630-543-9059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #