


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000005634 1. Entity Name FORCON DEVELOPMENT CORPORATION	
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Principal Place of Business 40 S. ADDISON RD, STE 100 ADDISON, IL 60101	Mailing Address 40 S. ADDISON RD, STE 100 ADDISON, IL 60101
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04182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4166935	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LEXIS DOCUMENT SERVICES, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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's signature required when reissuing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

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

U00000339330
04/28/05-80072-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Kevin P. Connelly 4/25/05 630-543-9059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #