

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006476

Entity Name: TRANSOLUTIONS, INC.

FILED
Feb 18, 2009
Secretary of State

Current Principal Place of Business:

18 N. WAUKEGAN RD
LAKE BLUFF, IL 60044

New Principal Place of Business:

Current Mailing Address:

18 N. WAUKEGAN RD
LAKE BLUFF, IL 60044

New Mailing Address:

FEI Number: 20-1442355

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DARR, JOHN
2727-6 NW 43RD ST.
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CARNRITE, MICHAEL S
Address: 18 N. WAUKEGAN RD
City-St-Zip: LAKE BLUFF, IL 60044 US

Title: DIR () Delete
Name: PARKER, MARSHALL
Address: 18 N. WAUKEGAN RD
City-St-Zip: LAKE BLUFF, IL 60044 US

Title: DIR () Delete
Name: BERGMAN, BART
Address: 18 N. WAUKEGAN RD
City-St-Zip: LAKE BLUFF, IL 60044 US

Title: DIR () Delete
Name: HIATT, TOM
Address: 18 N. WAUKEGAN RD
City-St-Zip: LAKE BLUFF, IL 60044 US

Title: DIR () Delete
Name: HARPER, WILLIAM
Address: 18 N. WAUKEGAN RD
City-St-Zip: LAKE BLUFF, IL 60044 US

Title: DIR () Delete
Name: HERNDON, JAMES
Address: 18 N. WAUKEGAN RD
City-St-Zip: LAKE BLUFF, IL 60044 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 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: MICHAEL S. CARNRITE

P

02/18/2009

Electronic Signature of Signing Officer or Director

Date