


2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90406 047 ***150.00

DOCUMENT # F02000001422 1. Entity Name WELLSPRING PARTNERS LTD. CORP.							
Principal Place of Business 1847 OAKBROOK DRIVE LONGWOOD, FL 32779			Mailing Address 1847 OAKBROOK DRIVE LONGWOOD, FL 32779				
2. Principal Place of Business - No P.O. Box # 550 W. VAN BUREN ST.		3. Mailing Address 550 W. VAN BUREN ST.					
Suite, Apt. #, etc. 17TH FLOOR		Suite, Apt. #, etc. 17TH FLOOR					
City & State CHICAGO, IL		City & State CHICAGO, IL					
Zip 60607		Country USA		4. FEI Number 36-4340943			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>				
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
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 NAME STREET ADDRESS CITY-ST-ZIP	PCD SHADE, DAVID M 123 N. WACKER DRIVE, SUITE 900 CHICAGO, IL 60606	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD GARY E. HOLBREN 550 W. VAN BUREN ST. CHICAGO, IL 60607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PATTERSON, DENNIS J 123 N. WACKER DRIVE, SUITE 900 CHICAGO, IL 60606	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DANIEL P. BROADHURST 550 W. VAN BUREN ST. CHICAGO, IL 60607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WHETSELL, GEORGE W 123 N. WACKER DRIVE, SUITE 900 CHICAGO, IL 60606	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GARY L. BURGE 550 W. VAN BUREN ST. CHICAGO, IL 60607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TISCORNIA, JOHN F 123 N. WACKER DRIVE, SUITE 900 CHICAGO, IL 60606	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NATALIA PELGADO 550 W. VAN BUREN ST. CHICAGO, IL 60607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JAMES, JANICE 123 N. WACKER DRIVE, SUITE 900 CHICAGO, IL 60606	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARY M. SAWALL 550 W. VAN BUREN ST. CHICAGO, IL 60607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAMONA, LACY 123 NORTH WACKER DR SUITE 900 CHICAGO, IL 60606	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CONTROLLER WAYNE E. LIPSKI 550 W. VAN BUREN ST. CHICAGO, IL 60607	<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>Wayne E. Lipski</u> WAYNE E. LIPSKI, CONTROLLER <u>4/26/07</u> <u>(312)880-3386</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							