


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90080 026 ***150.00

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| DOCUMENT # F02000004543 1. Entity Name NEWESCO, INC. |  |
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| Principal Place of Business 1500 ARTHUR AVENUE ELK GROVE VILLAGE, IL 60007 | Mailing Address 1500 ARTHUR AVENUE ELK GROVE VILLAGE, IL 60007 |
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DO NOT WRITE IN THIS SPACE



01092006 No Chg-P CR2E034 (11/05)

| | |
|---|--------------------------------|
| 4. FEI Number 36-1539760 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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 signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 WESTERBERG, JOHN R 1500 ARTHUR AVENUE ELK GROVE VILLAGE, IL 60007 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD ERICKSON, GRANT D 1625 SHERMER ROAD NORTHBROOK, IL 60062 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD PIONKE, EDWARD J 1500 ARTHUR AVE. ELK GROVE VILLAGE, IL 60007 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | CFO CAP, LAWRENCE J 1500 ARTHUR AVE ELK GROVE VILLAGE ELK GROVE VILLAGE, IL 60007 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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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 empowers.

SIGNATURE: Lawrence J. Cap Date: 1/11/06 Daytime Phone #: 847-437-2080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAWRENCE J. CAP, CFO