


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 24, 2007 08:00 AM
Secretary of State

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



07102007 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)

000000770318
07/24/07-20011-009 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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	

**DO NOT WRITE
IN THIS SPACE**

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:  7/11/07 847-437-2080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dialysis Phone #