

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004543

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: NEWESCO, INC.

**Current Principal Place of Business:**

1500 ARTHUR AVENUE  
ELK GROVE VILLAGE, IL 60007

**New Principal Place of Business:**

**Current Mailing Address:**

1500 ARTHUR AVENUE  
ELK GROVE VILLAGE, IL 60007

**New Mailing Address:**

FEI Number: 36-1539760

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: PD ( ) Delete  
Name: WESTERBERG, JOHN R  
Address: 1500 ARTHUR AVENUE  
City-St-Zip: ELK GROVE VILLAGE, IL 60007

Title: SD ( ) Delete  
Name: ERICKSON, GRANT D  
Address: 1625 SHERMER ROAD  
City-St-Zip: NORTHBROOK, IL 60062

Title: TD ( ) Delete  
Name: PIONKE, EDWARD J  
Address: 1500 ARTHUR AVE.  
City-St-Zip: ELK GROVE VILLAGE, IL 60007

Title: CFO ( ) Delete  
Name: CAP, LAWRENCE J  
Address: 1500 ARTHUR AVE ELK GROVE VILLAGE  
City-St-Zip: ELK GROVE VILLAGE, IL 60007

**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:

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: LAWRENCE J. CAP

CFO

01/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date