

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000005019

1. Entity Name

ALPHA THOUGHT GLOBAL, INC.



Principal Place of Business

547 WEST JACKSON BLVD 10TH FL
CHICAGO, IL 60661

Mailing Address

547 WEST JACKSON BLVD 10TH FL
CHICAGO, IL 60661



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

11-3648648

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

Signature: typed or printed name of registered agent and title if applicable.

(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
COBD
CHAUDHAI, VIDHAN
547 WEST JACKSON BLVD 10TH FL
CHICAGO, IL 60661

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RAO, HARI
547 WEST JACKSON BLVD 10TH FL
CHICAGO, IL 60661

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DISLER, BENNO
547 WEST JACKSON BLVD 10TH FL
CHICAGO, IL 60661

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ESTOCK, DOUG
547 W JACKSON BLVD., 10TH FL
CHICAGO, IL 60661

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
GROSSMAN, ERIC
547 W JACKSON BLVD., 10TH FL
CHICAGO, IL 60661

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
SAMPEY, BRIAN
547 W JACKSON BLVD., 10TH FL
CHICAGO, IL 60661

U00000526900
05/04/06-80092-004 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/06 312 224 2060
Date Daytime Phone #