

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005391

FILED
Apr 07, 2008
Secretary of State

Entity Name: BUSINESS FILINGS INCORPORATED

Current Principal Place of Business:

8025 EXCELSIOR DRIVE, STE. 200
MADISON, WI 53717 US

New Principal Place of Business:

8040 EXCELSIOR DRIVE, STE. 202
MADISON, WI 53717 US

Current Mailing Address:

8025 EXCELSIOR DRIVE
SUITE 200
MADISON, WI 53717 US

New Mailing Address:

8040 EXCELSIOR DRIVE, STE. 202
MADISON, WI 53717 US

FEI Number: 30-0120320

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 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: DP () Delete
Name: LANDOE, EUGENE A
Address: 111 EIGHTH AVENUE
City-St-Zip: NEW YORK, NY 10011 US

Title: VPAT () Delete
Name: HEALY, PETER F
Address: 2700 LAKE COOK ROAD
City-St-Zip: RIVERWOODS, IL 60015 US

Title: VPAS () Delete
Name: GORDON, DALE C
Address: 2700 LAKE COOK ROAD
City-St-Zip: RIVERWOODS, IL 60015 US

Title: D () Delete
Name: PLAISTOWE, NORM
Address: 2700 LAKE COOK ROAD
City-St-Zip: RIVERWOODS, IL 60015 US

Title: VP () Delete
Name: UVA, KENNETH
Address: 111 EIGHTH AVE, 13TH FLOOR
City-St-Zip: NEW YORK, NY 10011 US

Title: S () Delete
Name: LENZ, BRUCE C
Address: 2700 LAKE COOK ROAD
City-St-Zip: RIVERWOODS, IL 60015

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
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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: DALE C. GORDON

VPAS

04/07/2008

Electronic Signature of Signing Officer or Director

_____ Date