

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90314 005 ***150.00

DOCUMENT # F02000006283

1. Entity Name
RMG-HCR ARGENT, INC.



Principal Place of Business
3500 W. PETERSON AVE.
300
CHICAGO, IL 60659

Mailing Address
2675 BRECKINRIDGE BLVD.
DULUTH, GA 30096

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
1661 LYNDON FARM CT.
Suite, Apt. #, etc.

City & State
Louisville KY

Zip
40223

Country
JEFFERSON



02042005 Chg-P CR2E034 (10/03)

4. FEI Number
36-4288288

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUNNINGHAM, DENNIS 2675 BRECKINRIDGE BLVD. DULUTH, GA 30096 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MICHAEL SHEA 1661 LYNDON FARM CT. LOUISVILLE, KY. 40223 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO CONNOLLY, JOSEPH 2675 BRECKINRIDGE BLVD. DULUTH, GA 30096 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO FRANK STELLATO 1661 LYNDON FARM CT. LOUISVILLE, KY. 40223 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GWYN-HEUSEL, ALICE 2675 BRECKINRIDGE BLVD. DULUTH, GA 30096 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY DAVID KOD 1661 LYNDON FARM CT. LOUISVILLE, KY. 40223 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BULL, WILLIAM 3500 W. PETERSON AVE., STE 300 CHICAGO, IL 60659 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JOSEPH DAMILO 272 EAST DEERPATH RD. LAKE FOREST, IL 60045 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAUNER, BRUCE V 6100 SEARS TOWER 61ST FL. CHICAGO, IL 60606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR TODD WARNOLK 272 EAST DEERPATH RD. LAKE FOREST, IL 60045 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOLAN, JOE 6100 SEARS TOWER 61ST FL. CHICAGO, IL 60606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date: 2/21/05 Daytime Phone #: 502 499-0855