

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000622

FILED  
Apr 09, 2004  
Secretary of State

Entity Name: AFTERMATH, INC.

## Current Principal Place of Business:

10200 MANDEL RD.  
PLAINFIELD, IL 60544

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 6255  
AURORA, IL 60598

## New Mailing Address:

FEI Number: 36-4312858

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
526 E. PARK AVE.  
TALLAHASSEE, FL 32301 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: PTD ( ) Delete  
Name: WILSON, CHRISTOPHER  
Address: 10038 BODE STREET  
City-St-Zip: PLAINFIELD, IL 60544

Title: VSD ( ) Delete  
Name: REIFSTECK, TIM  
Address: 10038 BODE STREET  
City-St-Zip: PLAINFIELD, IL 60544

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: WILSON, CHRISTOPHER  
Address: 10200 MANDEL ROAD  
City-St-Zip: PLAINFIELD, IL 60544

Title: VSD (X) Change ( ) Addition  
Name: REIFSTECK, TIMOTHY  
Address: 10200 MANDEL ROAD  
City-St-Zip: PLAINFIELD, IL 60544

Title: TREA ( ) Change (X) Addition  
Name: WILSON, CHRISTOPHER  
Address: 10200 MANDEL ROAD  
City-St-Zip: PLAINFIELD, IL 60544

Title: SEC ( ) Change (X) Addition  
Name: REIFSTECK, TIMOTHY  
Address: 10200 MANDEL ROAD  
City-St-Zip: PLAINFIELD, IL 60544

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHRISTOPHER WILSON

PTD

04/09/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date