2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# F03000000891

Entity Name: DELCAN CORPORATION

Current Principal Place of Business:

650 E ALGONQUIN ROAD
SUITE 104
SCHAUMBURG, IL 60173

New Principal Place of Business:

Current Mailing Address:

650 E ALGONQUIN ROAD
SUITE 104
SCHAUMBURG, IL 60173

New Mailing Address:

FEI Number: 36-3523452 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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:	D	( ) Delete
Name:	KERR, JAMES A	
Address:	650 E ALGONQUIN RD, STE 104	
City-St-Zip:	SCHAUMBURG, IL 60173	
Title:	P	( ) Delete
Name:	STEARMAN, BRIAN	
Address:	650 E ALGONQUIN RD, STE 104	
City-St-Zip:	SCHAUMBURG, IL 60173	
Title:	P	( ) Delete
Name:	YOSHIDA, LESTER	
Address:	650 E ALGONQUIN RD, STE 104	
City-St-Zip:	SCHAUMBURG, IL 60173	
Title:	COO	( ) Delete
Name:	PRINCE, JENEANE	
Address:	650 E ALGONQUIN RD, STE 104	
City-St-Zip:	SCHAUMBURG, IL 60173	
Title:	VP	( ) Delete
Name:	POWERS, JACK	
Address:	650 E ALGONQUIN RD, STE 104	
City-St-Zip:	SCHAUMBURG, IL 60173	
Title:	SEC	( ) Delete
Name:	ZUMBEK, CHRISTINE	
Address:	650 E ALGONQUIN RD, STE 104	
City-St-Zip:	SCHAUMBURG, IL 60173	

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:	
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: J.N. POWERS VP 03/19/2009

Electronic Signature of Signing Officer or Director — Date