

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000891

FILED
Jan 09, 2012
Secretary of State

Entity Name: DELCAN CORPORATION

Current Principal Place of Business:

650 E ALGONQUIN RD., STE 400
SCHAUMBURG, IL 60173

New Principal Place of Business:

Current Mailing Address:

650 E ALGONQUIN RD., STE 400
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

OFFICERS AND DIRECTORS:

Title: D
Name: KERR, JAMES A
Address: 650 E ALGONQUIN RD., STE 400
City-St-Zip: SCHAUMBURG, IL 60173

Title: P
Name: STEARMAN, BRIAN
Address: 650 E ALGONQUIN RD., STE 400
City-St-Zip: SCHAUMBURG, IL 60173

Title: P
Name: YOSHIDA, LESTER
Address: 650 E ALGONQUIN RD., STE 400
City-St-Zip: SCHAUMBURG, IL 60173

Title: COO
Name: PRINCE, JENEANE
Address: 650 E ALGONQUIN RD., STE 400
City-St-Zip: SCHAUMBURG, IL 60173

Title: VP
Name: POWERS, JACK
Address: 650 E ALGONQUIN RD., STE 400
City-St-Zip: SCHAUMBURG, IL 60173

Title: SEC
Name: ZUMBEK, CHRISTINE
Address: 650 E ALGONQUIN RD., STE 400
City-St-Zip: SCHAUMBURG, IL 60173

I hereby 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 all other like empowered.

SIGNATURE: J.N. POWERS

VP

01/09/2012

Electronic Signature of Signing Officer or Director

Date