

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000002060

1. Entity Name
COUNTRY CAPITAL MANAGEMENT COMPANY



Principal Place of Business
**1705 N. TOWANDA AVE.
BLOOMINGTON, IL 61702**

Mailing Address
**P.O. BOX 2222
BLOOMINGTON, IL 61702-2222**



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 37-6055336	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000408914
02/08/06-80076-019 150.00**

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	NELSON, PHILIP T
STREET ADDRESS	1705 N. TOWANDA AVE.
CITY-ST-ZIP	BLOOMINGTON, IL 61702

TITLE	CEO
NAME	BLACKBURN, JOHN D
STREET ADDRESS	1705 N. TOWANDA AVE.
CITY-ST-ZIP	BLOOMINGTON, IL 61702

TITLE	V
NAME	WILLIAMS, DOYLE J
STREET ADDRESS	1705 N. TOWANDA AVE.
CITY-ST-ZIP	BLOOMINGTON, IL 61702

TITLE	V
NAME	MAGERS, DAVID A
STREET ADDRESS	1705 N. TOWANDA AVE.
CITY-ST-ZIP	BLOOMINGTON, IL 61702

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

Peter J Borowski
VP & Corporate Controller

Date

309-821-3596

Daytime Phone #