2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000002060

COUNTRY CAPITAL MANAGEMENT COMPANY



FILED Jan 25, 2007 8:00 am **Secretary of State**

01-25-2007 90037 034 ***150.00

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Principal Place of Business 1705 N. TOWANDA AVE. BLOOMINGTON, IL 61702		Mailing Address P.O. BOX 2222 BLOOMINGTON, IL 61702-2222		61	0006541			
Principal Place of Business - No P.O. Box # 3. Mailing Address								
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			01192007	Chg-P	CR2E034 (12	(06)
City & State		City & State			4. FEI Numbe 37-6055			Applied For Not Applicable
Zip	Country	Zip Country		-	5. Certificate of	of Status Desired	□ \$8.75 Fee Re	Additional quired
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	legistered Agent	
C T CORPORATION SYSTEM				Name				
1200 SOU		Str	reet Address (P.O. Box Numbe	r is Not Acceptable	e)		
_	•		00					
			Cit	ty			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								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOWI!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.					.00 May Be led to Fees			
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/0	CHANGES TO OFF	ICERS AND DIREC	TORS IN 11
TITLE	CD NELCON DEBUTO T	Delete	TITLE				Ch:	ange
NAME STREET ADDRESS	NELSON, PHILIP T 1705 N. TOWANDA AVE.		NAME Street add	oress				
CITY-ST-ZIP	BLOOMINGTON, IL 61702		CITY-ST-ZI					
TITLE	CEO	☒ Delete	TITLE	V, C			☐ Ch	ange 🔀 Addition
NAME STREET ADDRESS	BLACKBURN, JOHN D 1705 N. TOWANDA AVE.		NAME Street add		wski, Pe N. Towa			
CITY-ST-ZIP	BLOOMINGTON, IL 61702		CITY-ST-ZI			IL 61702		
TITLE	V	☐ Delete	TITLE	CEO			🔀 Ch	ange Addition
NAME STREET ADDRESS	WILLIAMS, DOYLE J 1705 N. TOWANDA AVE.		NAME Street Add	Will	iams, Do	yle J.		
CITY-ST-ZIP	BLOOMINGTON, IL 61702		CITY-ST-ZII	11/03	N. Towa mington,	nda Ave. IL 61702		
TITLE	V	☐ Delete	TITLE				☐ Ch	ange
NAME	MAGERS, DAVID A		NAME					
STREET ADDRESS CITY-ST-ZIP	1705 N. TOWANDA AVE. BLOOMINGTON, IL 61702		STREET ADD					
TITLÉ		☐ Delete	TITLE				☐ Chi	ange
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADD CITY-ST-ZI	I				
TITLE		☐ Delete	TITLE				□ Ch	ange Addition
NAME etocct apopces			NAME STREET ADD	norce				
STREET ADDRESS CITY-ST-ZIP			STREET ADD	į.				
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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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR COrp Controller

Peter J. Borowski, VP, CFO &

-19-07

309-821-3596