

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000002157

1. Entity Name
TMNI INTERNATIONAL INCORPORATED



FILED
06 JAN 30 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2 N RIVERSIDE PLZ #950
CHICAGO, IL 60606

Mailing Address
2 N RIVERSIDE PLZ #950
CHICAGO, IL 60606



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0425859

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME BLAKE, RONALD L
STREET ADDRESS 2 N RIVERSIDE PLZ #950
CITY-ST-ZIP CHICAGO, IL 60606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 700065597707
CITY-ST-ZIP 02/10/06--01080--008 **150.00

TITLE VSD ☐ Delete
NAME ADEL, BRYAN R
STREET ADDRESS 2 N RIVERSIDE PLZ #950
CITY-ST-ZIP CHICAGO, IL 60606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Delete
NAME POSNER, KENNETH R
STREET ADDRESS 2 N RIVERSIDE PLZ #950
CITY-ST-ZIP CHICAGO, IL 60606

TITLE ☐ Change ☒ Addition
NAME Christopher J. Locke
STREET ADDRESS 2 N. RIVERSIDE PLAZA, STE 950
CITY-ST-ZIP Chicago, IL 60606

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 employment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/06

312 521-6767