## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000002434

Entity Name: OBA MIDWEST, LTD. INC.

FILED Jan 03, 2008 Secretary of State

						<b>.</b>
Current Principal Place of Business:				New Principal Place of Business:		
1000 BURR RIDGE PKWY				1000 BURR RIDGE PKWY		
2ND FLOOR WILLOWBROOK, IL 60527				2ND FLOOR BURR RIDGE, IL 60527		
Current Mailing Address:				New Mailing Address:		
ATTN LEG P.O. BOX : TAMPA, FI						
FEI Number:	: 36-3170149	FEI Number Applied For ( )	FEI Nun	nber Not Appl	licable ( )	Certificate of Status Desired ( )
Name and	Address of C	urrent Registered Agent:		Name and	Address o	f New Registered Agent:
CT CORP	ORATION SYS	TEM				
	NE ISLAND RE ON, FL 33324					
	e of Florida.	submits this statement for the pu	ırpose o	f changing i	ts registered	d office or registered agent, or both,
51011/1101		ic Signature of Registered Ager	nt			 Date
Election Car		Trust Fund Contribution ( ).				2 4.10
		,				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	PSD () BAK, JEFFERY 3501 FRONTAS TAMPA, FL 336	E RD		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	VPT () SCHULTZ, ARTI 3501 FRONTAS TAMPA, FL 336	E RD		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition
Title:	D ()	Delete		Title:	D	(X) Change ( ) Addition
Name:	WOELKE, GER			Name:	BRODY, MA	RK E I CENTER CIR SUITE 470
Address: City-St-Zip:	BOCA RATON,	:NTER CIR SUITE 470 FL 33486		Address: City-St-Zip:		ON, FL 33486
Title: Name:	D () CLARENCE, TE	Delete RRY		Title: Name:		( ) Change ( ) Addition
Address: City-St-Zip:	5200 TOWN CE BOCA RATON,	NTER CIR SUITE 470 FL 33486		Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	EVP () HULSLANDER, 3501 FRONTAG TAMPA, FL 336	SE RD		Title: Name: Address: City-St-Zip:	VP FISHER, GR 3501 FRON TAMPA, FL	TAGE RD
Title: Name: Address: City-St-Zip:	CFO () CHADWICK, TH 3501 FRONTAG TAMPA, FL 336	SE RD		Title: Name: Address: City-St-Zip:		() Change () Addition

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: THOMAS K. CHADWICK CFO 01/03/2008