

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90002 028 ***150.00

DOCUMENT # F03000004682

1. Entity Name
AMERICALL GROUP, INC.



Principal Place of Business
**550 E. DIEHL RD.
NAPERVILLE, IL 60563**

Mailing Address
**550 E. DIEHL RD.
NAPERVILLE, IL 60563**

11001010



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number
02-0617025

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LEXISNEXIS DOCUMENT SOLUTIONS, INC.
1202 HAYS STREET
TALLAHASSEE, FL 32301**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------------------------------------------|------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | CP KESTLER, GEORGE 1317 KIMBALL CT. NAPERVILLE, IL 60540 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VCV KORNBELT, DONALD 6147 LINDELL BLVD. ST. LOUIS, MO 63112 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S KORN, KATHRYN 8501 W HIGGINS RD CHICAGO, IL 60631 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DIRECTOR DANIEL JULIEN 6/8 RUE FIRMIN GILLOT PARIS, FRANCE 75015 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | CHRISTOPHE ALLARD (DIRECTOR) 6/8 RUE FIRMIN GILLOT PARIS, FRANCE 75015 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DIRECTOR JACQUES BERREBI 6/8 RUE FIRMIN GILLOT PARIS, FRANCE 75015 |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-03 6309559100