

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2007 08:00 A**  
**Secretary of State**

**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**



01102007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>02-0617025</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**U000000627311  
02/15/07-80055-006 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	CP
NAME	KESTLER, GEORGE
STREET ADDRESS	1317 KIMBALL CT.
CITY-ST-ZIP	NAPERVILLE, IL 60540
TITLE	S
NAME	KORN, KATHRYN
STREET ADDRESS	8501 W HIGGINS RD
CITY-ST-ZIP	CHICAGO, IL 60631
TITLE	D
NAME	JULIEN, DANIEL
STREET ADDRESS	6/8 RUE FIRMIN GILLOT
CITY-ST-ZIP	PARIS, FRANCE, 75015
TITLE	D
NAME	ALLARD, CHRISTOPHER
STREET ADDRESS	6/8 RUE FIRMIN GILLOT
CITY-ST-ZIP	PARIS, FRANCE, TX 75015
TITLE	D
NAME	BERREBI, JACQUES
STREET ADDRESS	6/8 RUE FIRMIN GILLOT
CITY-ST-ZIP	PARIS, FRANCE, TX 75015
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:**

*George M. Kestler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-15-07**

Date

**630-955-9100**

Daytime Phone #