

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # F03000004705

1. Entity Name

MID-AMERICA MANAGEMENT CORP.



Principal Place of Business

2901 BUTTERFIELD RD.  
OAK BROOK, IL 60523

Mailing Address

2901 BUTTERFIELD RD.  
OAK BROOK, IL 60523



03312008

No Chg-P

CR2E034 (11/05)

4. FEI Number

36-4220594

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

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

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution



**\$5.00** May Be  
Added to Fees

U000000912881  
05/07/08-80038-004 150.00

10. OFFICERS AND DIRECTORS

TITLE DSVP  
NAME BARG, ROBERT M  
STREET ADDRESS 2901 BUTTERFIELD RD.  
CITY-ST-ZIP OAK BROOK, IL 60523

TITLE T  
NAME BARG, ROBERT M  
STREET ADDRESS 2901 BUTTERFIELD RD.  
CITY-ST-ZIP OAK BROOK, IL 60523

TITLE D  
NAME KREMIN, ALAN F  
STREET ADDRESS 2901 BUTTERFIELD RD.  
CITY-ST-ZIP OAK BROOK, IL 60523

TITLE DP  
NAME MCGUINNESS, THOMAS P  
STREET ADDRESS 2901 BUTTERFIELD RD.  
CITY-ST-ZIP OAK BROOK, IL 60523

TITLE DSVP  
NAME NORTON, ANGELA  
STREET ADDRESS 2901 BUTTERFIELD RD.  
CITY-ST-ZIP OAK BROOK, IL 60523

TITLE D  
NAME PANICO, FRANCES C  
STREET ADDRESS 2901 BUTTERFIELD RD.  
CITY-ST-ZIP OAK BROOK, IL 60523

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert M. Barg

Sr.VP/Secy/Treasurer

4/14/08

Date

(630) 218-8000

Daytime Phone #