

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2005 8:00 am
Secretary of State

08-26-2005 90001 036 ***150.00

DOCUMENT # F03000004838

1. Entity Name
TCFC EMPLOYMENT, INC.



Principal Place of Business
9399 W. HIGGINS RD., STE. 600
ROSEMONT, IL 60018

Mailing Address
9399 W. HIGGINS RD., STE. 600
ROSEMONT, IL 60018

50063465



2. Principal Place of Business
1900 E Golf Road, M-100
Suite, Apt. #, etc.

3. Mailing Address
1900 E Golf Road, M-100
Suite, Apt. #, etc.

07132005 Chg-P CR2E034 (10/03)

City & State
Schaumburg, IL

City & State
Schaumburg, IL 60173

4. FEI Number
61-1456742

Applied For
Not Applicable

Zip 60173 Country USA

Zip 60173 Country USA

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	VANDAMME, KEITH A	
STREET ADDRESS	9399 W. HIGGINS RD., STE. 600	
CITY-ST-ZIP	ROSEMONT, IL 60018	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERRELLI, ROSARIO A	
STREET ADDRESS	9399 W. HIGGINS RD., STE. 600	
CITY-ST-ZIP	ROSEMONT, IL 60018	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	TRANCHITA, MARK	
STREET ADDRESS	9399 W. HIGGINS RD., STE. 600	
CITY-ST-ZIP	ROSEMONT, IL 60018	
TITLE	S	<input type="checkbox"/> Delete
NAME	HILLERY, VINCENT E	
STREET ADDRESS	9399 W. HIGGINS RD., STE. 600	
CITY-ST-ZIP	ROSEMONT, IL 60018	
TITLE	EVPS	<input checked="" type="checkbox"/> Delete
NAME	PERRELLI, ROSARIO A	
STREET ADDRESS	9399 W. HIGGINS RD., STE. 600	
CITY-ST-ZIP	ROSEMONT, IL 60018	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1900 East Golf Road, Suite M-100	
CITY-ST-ZIP	Schaumburg, IL 60173	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1900 East Golf Road, Suite M-100	
CITY-ST-ZIP	Schaumburg, IL 60173	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bastian, Thomas J.	
STREET ADDRESS	1900 East Golf Road, Suite M-100	
CITY-ST-ZIP	Schaumburg, IL 60173	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1900 East Golf Road, Suite M-100	
CITY-ST-ZIP	Schaumburg, IL 60173	
TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary F. Krakowski	
STREET ADDRESS	1900 East Golf Road, Suite M-100	
CITY-ST-ZIP	Schaumburg, IL 60173	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

SIGNATURE: *Mary F. Krakowski* Mary F. Krakowski

8/10/05

847-230-1120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #