

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90063 048 ***158.75

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01032007 Chg-P CR2E034 (12/06)

DOCUMENT # F03000005030

1. Entity Name
YTB TRAVEL NETWORK OF ILLINOIS INC.



Principal Place of Business
ONE COUNTRY CLUB VIEW DR
EDWARDSVILLE, IL 62025

Mailing Address
ONE COUNTRY CLUB VIEW DR
EDWARDSVILLE, IL 62025

2. Principal Place of Business - No P.O. Box #
1901 E. Edwardsville Rd

3. Mailing Address
1901 E. Edwardsville Rd.

Suite, Apt. #, etc.

City & State
Wood River, IL

City & State
Wood River, IL

Zip
62095-2268

Country
Madison

Zip
62095-2268

Country
Madison

4. FEI Number
37-1406702

Applied For
Not Applicable

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
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD SORENSEN, KIM J ONE COUNTRY CLUB VIEW DR EDWARDSVILLE, IL 62025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1901 E. Edwardsville Rd Wood River, IL 62095-2268
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TOMER, SCOTT ONE COUNTRY CLUB VIEW DR EDWARDSVILLE, IL 62025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1901 E. Edwardsville Rd. Wood River, IL 62095-2268
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PIPPINS, SANDY ONE COUNTRY CLUB VIEW DR EDWARDSVILLE, IL 62025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1901 E. Edwardsville Rd. Wood River, IL 62095-2268
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Sandy Pippins 2/22/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #