2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005325

Title:

Name:

Address:

City-St-Zip:

FILED Apr 03, 2009 Secretary of State

| Entity Nai | me: DONLEN | GOVERNMENT SERVICES, I | NC. | | | |
|---|--|----------------------------------|---|---|--|--|
| Current Principal Place of Business: | | | New Princ | New Principal Place of Business: | | |
| | DERS ROAD ROOK, IL 6006 | 2 | | | | |
| Current Mailing Address: | | | New Mailing Address: | | | |
| | DERS ROAD ROOK, IL 6006 | 2 | | | | |
| FEI Number: | : 20-0080075 | FEI Number Applied For() | FEI Number Not App | licable () Certificate of Status Desired () | | |
| Name and Address of Current Registered Agent: | | | Name and | Name and Address of New Registered Agent: | | |
| 1200 SOU | PORATION SY: TH PINE ISLAI ION, FL 33324 | ND ROAD | | | | |
| | named entity s e of Florida. | submits this statement for the p | ourpose of changing | its registered office or registered agent, or both, | | |
| SIGNATUR | RE: | | | | | |
| Electronic Signature of Registered Agent | | | ent | Date | | |
| Election Car | mpaign Financin | g Trust Fund Contribution (). | | | | |
| OFFICERS AND DIRECTORS: | | | ADDITION | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | | |
| Title: Name: Address: City-St-Zip: | RAPPEPORT, (1485 W ABING LAKE FOREST | TON CAMBS IL 60065 | Title: Name: Address: City-St-Zip: | STD (X) Change () Addition GARY RAPPEPORT 1485 W ABINGTON CAMBS LAKE FOREST, IL 60065 | | |
| Title: Name: Address: City-St-Zip: | S () DUDLEY, NANG 10 SHERWOOI LINCOLNSHIRE | D DR | Title: Name: Address: City-St-Zip: | P (X) Change () Addition LODDING, DAVID 1244 HUNTER CIRCLE NAPERVILLE, IL 60540 | | |
| Title: Name: Address: City-St-Zip: | () | Delete | Title: Name: Address: Citv-St-Zip: | DIR () Change (X) Addition RAPPEPORT, DON 2520 BURGUNDY LANE NORTHBROOK, IL 60062 | | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

DIR

LIACE, NANCY

10 SHERWOOD DRIVE

LINCOLNSHIRE, IL 60069

() Change (X) Addition

SIGNATURE: GARY RAPPEPORT STD 04/03/2009

() Delete