

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90088 003 \*\*\*150.00

**DOCUMENT # F03000005894**

1. Entity Name  
**COMPASS ENVIRONMENTAL, INC.**



Principal Place of Business  
**954 W. WASHINGTON BLVD., 5TH FLOOR  
5TH FLOOR  
CHICAGO, IL 60607**

Mailing Address  
**954 W. WASHINGTON BLVD., 5TH FLOOR  
5TH FLOOR  
CHICAGO, IL 60607**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03232007

Chg-P

CR2E034 (12/06)

4. FEI Number  
**35-1939637**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

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

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, 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 **DP** ☐ Delete  
NAME **MARKOFF, JONATHON**  
STREET ADDRESS **954 W. WASHINGTON BLVD., 5TH FLOOR**  
CITY-ST-ZIP **CHICAGO, IL 60607**

TITLE **Secretary** ☐ Change ☒ Addition  
NAME **Daniel Schmittiel**  
STREET ADDRESS **954 W. Washington Blvd., 5th FL,**  
CITY-ST-ZIP **Chicago, IL 60607**

TITLE **DIR.** ☐ Delete  
NAME **KEMP, PATRICK**  
STREET ADDRESS **1021 S. WALLACE STREET**  
CITY-ST-ZIP **FORT WAYNE, IN 46803**

TITLE ☒ Change ☐ Addition  
NAME **954 W. Washington Blvd., 5th FL,**  
CITY-ST-ZIP **Chicago, IL 60607**

TITLE **DIR.** ☐ Delete  
NAME **GARCIA, NICK**  
STREET ADDRESS **800 S. DAVIS BLVD**  
CITY-ST-ZIP **CHICAGO, IL 60607**

TITLE ☒ Change ☐ Addition  
NAME **954 W. Washington Blvd., 5th FL,**  
CITY-ST-ZIP **Chicago, IL 60607**

TITLE **DIR.** ☐ Delete  
NAME **GORDON, JAMES**  
STREET ADDRESS **900 NICHIGAN AVENUE**  
CITY-ST-ZIP **CHICAGO, IL 60611**

TITLE ☒ Change ☐ Addition  
NAME **954 W. Washington Blvd., 5th FL,**  
CITY-ST-ZIP **Chicago, IL 60607**

TITLE **SEC.** ☐ Delete  
NAME **BRODERICK, WILLIAM J**  
STREET ADDRESS **954 W. WASHINGTON BLVD., 5TH FLOOR**  
CITY-ST-ZIP **CHICAGO, IL 60607**

TITLE ☐ Change ☐ Addition  
NAME **954 W. Washington Blvd., 5th FL,**  
CITY-ST-ZIP **Chicago, IL 60607**

TITLE **COO** ☐ Delete  
NAME **BATTISTONI, MARTIN J**  
STREET ADDRESS **954 W. WASHINGTON BLVD., 5TH FLOOR**  
CITY-ST-ZIP **CHICAGO, IL 60607**

TITLE ☐ Change ☐ Addition  
NAME **954 W. Washington Blvd., 5th FL,**  
CITY-ST-ZIP **Chicago, IL 60607**

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

**William J. Broderick**

Date

Daytime Phone #

**4-5-07**

**312-492-6590**