2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 19, 2008 08:00 A Secretary of State

| | Aition | | | 7 | C . | awata. | - of C | |
|---|--|--|---|---------------------------|-----------------------|----------------------------|---------|--|
| DOCUMENT # F04000003911 1. Entity Name ROBERT A. SCHRECK, JR., P.C. | | | | | 56 | ecretar | y 01 St | |
| 227 WEST MONROE ST 227 WEST CHICAGO, IL 60606-5096 MCDERM | | Mailing Address 227 WEST MONROE ST MCDERMOTT WILL & EMERY LL CHICAGO, IL 60606-5096 | 7 WEST MONROE ST DERMOTT WILL & EMERY LLP | | | | | |
| D | O NOT WRITE | CE | 03042008 4. FEI Number 36-37391 5. Certificate of | No Chg-P (| CR2E034 (11/05 | Applied For Not Applicable | | |
| MIAMI, FL | CAYNE BLVD, 22ND FLOOR 33131-4336 | ed office or registe | DO NOT WRITE IN THIS SPACE registered agent, or both, in the State of Florida. I am familiar with, and accept | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent and | d Agent signature require | d when reinstating) | | DATE | | | |
| FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution. | | | | .00 May Be led to Fees | | | | |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | OFFICERS AND DI CPST SCHRECK, ROBERT A JR 227 WEST MONROE ST CHICAGO, IL 606065096 | RECTORS | | | U000008 04/03/08-8 | 63965 0109-024 | 150.00 | |

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not quality 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:

STREET ADDRESS

CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TOTLE
NAME
STREET ADDRESS
CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

President

3/2 -984-7587 Daysine Phone #