

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90185 008 \*\*\*150.00

**DOCUMENT # F04000005555**  
 1. Entity Name  
 INTEGRATED BUSINESS ANALYSIS, INC.



Principal Place of Business  
 1250 BARCLAY BOULEVARD  
 BUFFALO GROVE, IL 60089

Mailing Address  
 1250 BARCLAY BOULEVARD  
 BUFFALO GROVE, IL 60089



04122007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 36-3844259

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STEINBERG, GREGG 1250 BARCLAY BOULEVARD BUFFALO GROVE, IL 60089
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST OWEN, KATRIN 1250 BARCLAY BOULEVARD BUFFALO GROVE, IL 60089
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TYLER, BURGESS 1250 BARCLAY BLVD BUFFALO GROVE, IL 60089
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURGESS, JOHN 1250 BARCLAY BOULEVARD BUFFALO GROVE, IL 60089
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: \_\_\_\_\_ DATE: 4/19/07 (847) 808-5590  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR