

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90017 020 \*\*\*150.00

**DOCUMENT # F04000006151**

1. Entity Name  
VAN RU INTERNATIONAL, INC.



Principal Place of Business  
1350 E. THOUHY AVENUE, SUITE 300E  
DES PLAINES, IL 60018

Mailing Address  
1350 E. THOUHY AVENUE, SUITE 300E  
DES PLAINES, IL 60018

**DO NOT WRITE IN THIS SPACE**



01232008 No Chg-P CR2E034 (11/05)

4. FEI Number  
77-0647640

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

**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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE C  
NAME RUBIN, ALBERT G  
STREET ADDRESS 1350 E. THOUHY AVENUE, SUITE 300E  
CITY-ST-ZIP DES PLAINES, IL 60018

TITLE P  
NAME PETERSON, MAUREEN T  
STREET ADDRESS 1350 E. THOUHY AVENUE, SUITE 300E  
CITY-ST-ZIP DES PLAINES, IL 60018

TITLE V  
NAME CIRO, ANTHONY G  
STREET ADDRESS 1350 E. THOUHY AVENUE, SUITE 300E  
CITY-ST-ZIP DES PLAINES, IL 60018

TITLE S  
NAME SEBOYR, JENNY  
STREET ADDRESS 1350 E. THOUHY AVENUE, SUITE 300E  
CITY-ST-ZIP DES PLAINES, IL 60018

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:**

*Jenny Saboya*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/08  
Date

847-824-2414  
Daytime Phone #