

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90189 013 \*\*\*150.00

**DOCUMENT # F04000007326**

1. Entity Name  
**MAGNUS SERVICES, INC.**



Principal Place of Business

**16430 NORTH SCOTTSDALE ROAD, SUITE 300  
SCOTTSDALE, AZ 85254**

Mailing Address

**10900 WAYZATA BOULEVARD  
MINNETONKA, MN 55305**

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

**2700 Sanders Rd**  
Suite, Apt. #, etc.

3. Mailing Address

**2700 Sanders Rd**  
Suite, Apt. #, etc.  
**CODE TAX - 25**

City & State

**Prospect Heights, IL**  
Zip **60070** Country **USA**

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**Prospect Heights, IL**  
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04132007

Chg-P

CR2E034 (12/06)

4. FEI Number

**41-1940906**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete  
NAME **P&D MENEZES, WALTER G**  
STREET ADDRESS **5855 COPLEY DRIVE**  
CITY-ST-ZIP **SAN DIEGO, CA 92111**

TITLE ☒ Delete  
NAME **AS GOTTWALT, THOMAS J**  
STREET ADDRESS **10900 WAYZATA BOULEVARD**  
CITY-ST-ZIP **MINNETONKA, MN 55305**

TITLE ☐ Delete  
NAME **S DEL PIANO, ANTHONY**  
STREET ADDRESS **200 SOMERSET BOULEVARD, SUITE 100**  
CITY-ST-ZIP **BRIDGEWATER, NJ 08807**

TITLE ☐ Delete  
NAME **T VERMA, RAKESH**  
STREET ADDRESS **1441 SCHILLING PLACE**  
CITY-ST-ZIP **SALINAS, CA 94901**

TITLE ☐ Delete  
NAME **EVP KIMBLE, THOMAS M**  
STREET ADDRESS **1441 SCHILLING PLACE**  
CITY-ST-ZIP **SALINAS, CA 93901**

TITLE ☒ Delete  
NAME **D KIMBLE, THOMAS M**  
STREET ADDRESS **1441 SCHILLING PLACE**  
CITY-ST-ZIP **SALINAS, CA 93901**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME **EVP D**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **AS Joseph M. Angelo**  
STREET ADDRESS **2700 Sanders Rd**  
CITY-ST-ZIP **Prospect Hts, IL 60070**

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:

**Joseph M. Angelo** - **Joseph M. Angelo** **4-16-07**

Date

Daytime Phone #

**847.364.0058**