## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F05000000406

Entity Name: MOOSE CHARITIES, INC.

FILED Apr 10, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 155 S. INTERNATIONAL DRIVE MOOSEHEART, IL 60539 MOOSEHEART, IL 605391100 **Current Mailing Address: New Mailing Address:** ROUTE 31 155 S. INTERNATIONAL DRIVE MOOSEHEART, IL 60539 MOOSEHEART, IL 605391100 FEI Number: 36-3993740 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GREENE, STEVEN F Name: Name: 4520 DUBLIN COURT Address: Address: City-St-Zip: ROCK HILL, SC 29732 City-St-Zip: Title: vcoo ( ) Delete Title: (X) Change ( ) Addition WOLBRINK, KURT Name: WOLBRINK, KURT J Name: Address: ROUTE 31 Address: 155 S. INTERNATIONAL DRIVE City-St-Zip: MMOSEHEART, IL 605391100 City-St-Zip: MOOSEHEART, IL 605391100 Title: () Delete Title: () Change () Addition MECH, JOSEPH R Name: Name: Address: 4511 MIDDAUGH Address: City-St-Zip: DOWNERS GROVE, IL 60515 City-St-Zip: Title: () Delete Title: () Change () Addition Name: ALBERT, DANNY Name: 579 DOGWOOD CIR. Address: Address: City-St-Zip: MANSFIELD, OH 44903 City-St-Zip: Title: () Delete Title: () Change () Addition BLACK, WARREN Name: Name: 240 PALOMINO DRIVE Address: Address: City-St-Zip: GRANTS PASS, OR 97526 City-St-Zip: Title: ( ) Delete Title: () Change () Addition ELSTON, ROBERT E Name: Name: Address: 1927 BRIAR WAY Address: SOUTH BEND, IN 46614 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KURT J. WOLBRINK VP 04/10/2006