

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008 08:00 AM
Secretary of State

DOCUMENT # F05000000735

1. Entity Name
CULLOM-KEDVALE CORP.



Principal Place of Business

**680 NORTH LAKE SHORE DRIVE, 19TH FLOOR
CHICAGO, IL 60611**

Mailing Address

**680 NORTH LAKE SHORE DRIVE, 19TH FLOOR
CHICAGO, IL 60611**



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4039618

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 DPT
NAME ~~XXXXXXXXXXXX~~ **W. ROCKWELL WIRTZ**
STREET ADDRESS **680 NORTH LAKE SHORE DRIVE, 19TH FLOOR**
CITY-ST-ZIP **CHICAGO, IL 60611**

TITLE DS
NAME **HUNTER, DONALD F**
STREET ADDRESS **SUITE 215E BREN ROAD EAST**
CITY-ST-ZIP **MINNETONKA, MN 553430242**

TITLE DAS
NAME **MOHLER, MAX E**
STREET ADDRESS **680 NORTH LAKE SHORE DRIVE, 19TH FLOOR**
CITY-ST-ZIP **CHICAGO, IL 60611**

TITLE V
NAME **KRCH, CYNTHIA**
STREET ADDRESS **680 NORTH LAKE SHORE DRIVE, 19TH FLOOR**
CITY-ST-ZIP **CHICAGO, IL 60611**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000775596
01/08/08-80036-005 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-08

312 943-7000

Date

Daytime Phone #