


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90065 015 ***150.00

DOCUMENT # F05000001229					
1. Entity Name CAL-SENSORS, INC.					
Principal Place of Business 5460 SKYLANE BLVD. SANTA ROSA, CA 95403			Mailing Address 3600 WEST LAKE AVE GLENVIEW, IL 60026		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 68-0101238	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent C T 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, LARRY 5460 SKYLANE BLVD. SANTA ROSA, CA 95403	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President + Director Thomas J Hansen 3600 West Lake Ave Glenview, IL 60026	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WICKLUND, LOREN 5460 SKYLANE BLVD. SANTA ROSA, CA 95403	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Allan C. Sutherland 3600 West Lake Ave Glenview, IL 60026	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LECAVE, LEON 5460 SKYLANE BLVD. SANTA ROSA, CA 95403	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.A. Treas - Director Felix L. Rodriguez Jr 3600 West Lake Ave Glenview, IL 60026	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YEN, VICTOR 5460 SKYLANE BLVD. SANTA ROSA, CA 95403	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Secy - Director James H. Wooten Jr. 3600 W. Lake Ave Glenview, IL 60026	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLEAN, BOB 5460 SKYLANE BLVD. SANTA ROSA, CA 95403	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Secy - Director Mark Croll 3600 West Lake Ave Glenview, IL 60026	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, LARRY 5460 SKYLANE BLVD. SANTA ROSA, CA 95403	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst Treas Ronald D. Kropp 3600 W Lake Ave Glenview, IL 60026	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____			4-30-07 847-724-7500		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

40099062



04302007 Chg-P CR2E034 (12/06)

4. FEI Number
68-0101238

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

6. Name and Address of Current Registered Agent

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

9. Election Campaign Financing

Trust Fund Contribution. ☐ **\$5.00** May Be

Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
JOHNSON, LARRY
5460 SKYLANE BLVD.
SANTA ROSA, CA 95403

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

President + Director
Thomas J Hansen
3600 West Lake Ave
Glenview, IL 60026

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CD
WICKLUND, LOREN
5460 SKYLANE BLVD.
SANTA ROSA, CA 95403

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Vice President
Allan C. Sutherland
3600 West Lake Ave
Glenview, IL 60026

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
LECAVE, LEON
5460 SKYLANE BLVD.
SANTA ROSA, CA 95403

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V.A. Treas - Director
Felix L. Rodriguez Jr
3600 West Lake Ave
Glenview, IL 60026

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
YEN, VICTOR
5460 SKYLANE BLVD.
SANTA ROSA, CA 95403

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V.P. Secy - Director
James H. Wooten Jr.
3600 W. Lake Ave
Glenview, IL 60026

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
MCLEAN, BOB
5460 SKYLANE BLVD.
SANTA ROSA, CA 95403

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V.P. Secy - Director
Mark Croll
3600 West Lake Ave
Glenview, IL 60026

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
JOHNSON, LARRY
5460 SKYLANE BLVD.
SANTA ROSA, CA 95403

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Asst Treas
Ronald D. Kropp
3600 W Lake Ave
Glenview, IL 60026

☒ Change ☐ Addition

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

4-30-07 847-724-7500

Date Daytime Phone #