


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90033 021 ***150.00

DOCUMENT # F05000001511 1. Entity Name STS ACQUISITION CO.			
Principal Place of Business 750 CORPORATE WOODS PARKWAY VERNON HILLS, IL 60061		Mailing Address 750 CORPORATE WOODS PARKWAY VERNON HILLS, IL 60061	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Zip Country		City & State Zip Country	
4. FEI Number 36-4007651		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PCEO	<input type="checkbox"/> Delete	
NAME	WOLF, THOMAS W		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	750 CORPORATE WOODS PARKWAY		
CITY- ST- ZIP	VERNON HILLS, IL 60061		
TITLE	VCOO	<input type="checkbox"/> Delete	
NAME	HAUBERT, ANDREW E		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	750 CORPORATE WOODS PARKWAY		
CITY- ST- ZIP	VERNON HILLS, IL 60061		
TITLE	CFO	<input checked="" type="checkbox"/> Delete	
NAME	WESSEL, KURT R		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	750 CORPORATE WOODS PARKWAY		
CITY- ST- ZIP	VERNON HILLS, IL 60061		
TITLE	D	<input type="checkbox"/> Delete	
NAME	WEAVER, WILLIAM J		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	750 CORPORATE WOODS PARKWAY		
CITY- ST- ZIP	VERNON HILLS, IL 60061		
TITLE	D	<input type="checkbox"/> Delete	
NAME	BLINDAUER, PAUL R		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1035 KEPLER AVENUE		
CITY- ST- ZIP	GREEN BAY, WI 54311		
TITLE	D	<input checked="" type="checkbox"/> Delete	
NAME	KNIGHT, ARTHUR L JR		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7020 VERDE WAY		
CITY- ST- ZIP	NAPLES, FL 34108		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		07-MAY-08 897-29-249 <small>Daytime Phone #</small>	