

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000003015

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** SCHOELLER ARCA SYSTEMS, INC.

**Current Principal Place of Business:**

5202 OLD ORCHARD ROAD  
SUITE 110  
SKOKIE, IL 60077 US

**New Principal Place of Business:**

**Current Mailing Address:**

5202 OLD ORCHARD ROAD  
SUITE 110  
SKOKIE, IL 60077 US

**New Mailing Address:**

**FEI Number:** 91-1112710

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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:**

Title: D  
Name: DE BOKX, ERIK  
Address: 5202 OLD ORCHARD ROAD, STE 110  
City-St-Zip: SKOKIE, IL 60077 US

Title: D  
Name: ENGLE, ROBERT  
Address: 5202 OLD ORCHARD ROAD, STE 110  
City-St-Zip: SKOKIE, IL 60077 US

Title: D  
Name: EDGCOMB, SCOTT  
Address: 5202 OLD ORCHARD ROAD STE 110  
City-St-Zip: SKOKIE, IL 60077 US

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SCOTT EDGCOMB

D

04/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date