

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 17, 2007 08:00 AM
Secretary of State

DOCUMENT # F05000003713

1. Entity Name
C.M. PRODUCTS, INC. (NV)



Principal Place of Business
800 ELA ROAD
LAKE ZURICH, IL 60047

Mailing Address
800 ELA ROAD
LAKE ZURICH, IL 60047

DO NOT WRITE IN THIS SPACE



07102007 No Chg-P CR2E034 (11/05)

4. FEI Number
36-4387919

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 \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPAS
FABER, MARK R
800 ELA ROAD
LAKE ZURICH, IL 60047

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
BARTON, RICHARD D
800 ELA ROAD
LAKE ZURICH, IL 60047

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DAS
SAXMAN, SUZANNE L
55 EAST MONROE STREET, SUITE 4200
CHICAGO, IL 60603

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FRITZ, JAY J
800 ELA ROAD
LAKE ZURICH, IL 60047

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000769262
07/17/07-80005-014 550.00

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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:

MARK R. FABER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/07
Date

847-726-5229
Daytime Phone #