

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000004481

1. Entity Name
CLEARLIX NETWORK CORPORATION



Principal Place of Business
**1901 S. MEYERS ROAD, SUITE 190
OAKBROOK TERRACE, IL 60181**

Mailing Address
**1901 S. MEYERS ROAD, SUITE 190
OAKBROOK TERRACE, IL 60181**



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3876065

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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, 2006 Fee will be \$550.00**

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
**CEOP
MANIRE, ROSS
1901 S. MEYERS ROAD, SUITE 190
OAKBROOK TERRACE, IL 60181**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
LEKACZ, ERIC
1901 S. MEYERS ROAD, SUITE 190
OAKBROOK TERRACE, IL 60181**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFOS
RAY, TERRY
1901 S. MEYERS ROAD, SUITE 190
OAKBROOK TERRACE, IL 60181**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
VINYARD, GEORGE
10 S. WACKER DRIVE, 40TH FLOOR
CHICAGO, IL 60606**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SCHALLER, DAVID
1901 S. MEYERS ROAD, SUITE 190
OAKBROOK TERRACE, IL 60181**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JACQUES, KEVIN
1901 S. MEYERS ROAD, SUITE 190
OAKBROOK TERRACE, IL 60181**

U00000398333
02/01/06-80006-U09 158.75

**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: Terry Ray **Terry Ray**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-16-06 630 932 2900