


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90025 031 \*\*\*158.75

<b>DOCUMENT # F05000004481</b>	
1. Entity Name <b>EXTENET SYSTEMS, INC.</b>	

Principal Place of Business <b>1901 S. MEYERS ROAD, SUITE 190 OAKBROOK TERRACE, IL 60181</b>	Mailing Address <b>1901 S. MEYERS ROAD, SUITE 190 OAKBROOK TERRACE, IL 60181</b>
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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

40044000



03212007 Chg-P CR2E034 (12/06)

4. FEI Number <b>22-3876065</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP MANIRE, ROSS 1901 S. MEYERS ROAD, SUITE 190 OAKBROOK TERRACE, IL 60181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEKACZ, ERIC 1901 S. MEYERS ROAD, SUITE 190 OAKBROOK TERRACE, IL 60181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOS RAY, TERRY 1901 S. MEYERS ROAD, SUITE 190 OAKBROOK TERRACE, IL 60181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS VINYARD, GEORGE 10 S. WACKER DRIVE, 40TH FLOOR CHICAGO, IL 60606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHALLER, DAVID 1901 S. MEYERS ROAD, SUITE 190 OAKBROOK TERRACE, IL 60181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACQUES, KEVIN 1901 S. MEYERS ROAD, SUITE 190 OAKBROOK TERRACE, IL 60181 <input checked="" type="checkbox"/> Delete name only	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>BAYLESS, JON</b>

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 3-26-07 6309322900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #