

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 22, 2007 08:00 AM
Secretary of State

DOCUMENT # F05000005472

1. Entity Name
BUTLER SERVICE GROUP, INC.



Principal Place of Business
**110 SUMMIT AVENUE
MONTVALE, NJ 07645**

Mailing Address
**110 SUMMIT AVENUE
MONTVALE, NJ 07645**



03132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-1712289

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 \$150.00
After May 1, 2007 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
**CDP
KOPKO, EDWARD M
NEW RIVER CENTER 200 E. LAS OLAS BLVD 1730
FORT LAUDERDALE, FL 33301**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
MC BREEN, HUGH G
20 NORTH WACKER DRIVE, SUITE 2520
CHICAGO, IL 60606**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VP
MOHAN, PETER
110 SUMMIT AVENUE
MONTVALE, NJ 07645**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**S
MOHAN, PETER J
110 SUMMIT AVENUE
MONTVALE, NJ 07645**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U00000766562
06/22/07-80004-001 550.00

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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 full power like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____