

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # F05000006538

1. Entity Name

CHILDRRESS DUFFY & GOLDBLATT, LTD., INC.



Principal Place of Business

515 N. STATE STREET, SUITE 2200
CHICAGO IL 60610

Mailing Address

515 N. STATE STREET, SUITE 2200
CHICAGO IL 60610



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

1st MOORE

CR2E034 (10/06)

4. FEI Number **36-3934021**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> Delete
NAME	DUFFY, MICHAEL	
STREET ADDRESS	515 N. STATE STREET, SUITE 2200	
CITY-ST-ZIP	CHICAGO IL 60610	
TITLE	VVC	<input type="checkbox"/> Delete
NAME	CHILDRRESS, MICHAEL	
STREET ADDRESS	515 N. STATE STREET, SUITE 2200	
CITY-ST-ZIP	CHICAGO IL 60610	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ESHOO, EDWARD JR.	
STREET ADDRESS	515 N. STATE STREET, SUITE 2200	
CITY-ST-ZIP	CHICAGO IL 60610	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDBLATT, JOEL N	
STREET ADDRESS	515 N. STATE STREET, SUITE 2200	
CITY-ST-ZIP	CHICAGO IL 60610	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOUCKS, THOMAS J	
STREET ADDRESS	515 N. STATE STREET, SUITE 2200	
CITY-ST-ZIP	CHICAGO IL 60610	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRANDYS, ROY	
STREET ADDRESS	515 N. STATE STREET, SUITE 2200	
CITY-ST-ZIP	CHICAGO IL 60610	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U000000626978
CITY-ST-ZIP	02/15/07-80041-023 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

V.P.

1/30/07 312 494 0200