

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001035

Entity Name: IC BUSES CORPORATION

FILED
Mar 08, 2007
Secretary of State

Current Principal Place of Business:

751 SOUTH HARKRIDER
CONWAY, AR 72032

New Principal Place of Business:

Current Mailing Address:

4201 WINFIELD RD.
WARRENVILLE, IL 60555

New Mailing Address:

FEI Number: 71-0537857

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HARTUNG, ED
Address: 751 SOUTH HARKRIDER
City-St-Zip: CONWAY, AR 72032

Title: VD () Delete
Name: CANCELLIRE, MICHAEL
Address: 4201 WINFIELD RD.
City-St-Zip: WARRENVILLE, IL 60555

Title: S () Delete
Name: PERNA, ROBERT
Address: 4201 WINFIELD RD.
City-St-Zip: WARRENVILLE, IL 60555

Title: T () Delete
Name: ISAACS, DEBBIE
Address: 751 SOUTH HARKRIDER
City-St-Zip: CONWAY, AR 72032

Title: D () Delete
Name: GARNANT, CAROL
Address: 4201 WINFIELD RD.
City-St-Zip: WARRENVILLE, IL 60555

Title: AS () Delete
Name: KRAMER, CURT
Address: 4201 WINFIELD RD.
City-St-Zip: WARRENVILLE, IL 60555

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HARTUNG, EDWARD W
Address: 751 SOUTH HARKRIDER
City-St-Zip: CONWAY, AR 72032

Title: VD (X) Change () Addition
Name: CANCELLIERE, MICHAEL
Address: 4201 WINFIELD RD.
City-St-Zip: WARRENVILLE, IL 60555

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: GARNANT, CAROL
Address: 4201 WINFIELD RD.
City-St-Zip: WARRENVILLE, IL 60555

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT J. PERNA

S

03/08/2007

Electronic Signature of Signing Officer or Director

Date