

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F06000001571**

1. Entity Name  
**SHAYMAN, SALK, ARENSON, SUSSHOLZ & COMPANY  
CORPORATION**



Principal Place of Business  
**630 DUNDEE RD., SUITE #110  
NORTHBROOK, IL 60062**

Mailing Address  
**630 DUNDEE RD., SUITE #110  
NORTHBROOK, IL 60062**



02192008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**36-2483282**

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 retreating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U00000875738  
04/11/08-80045-012 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	SUSSHOLZ, STEVEN E
STREET ADDRESS	630 DUNDEE RD., SUITE #110
CITY-ST-ZIP	NORTHBROOK, IL 60062
TITLE	V
NAME	ARAENSON, MICHAEL C
STREET ADDRESS	630 DUNDEE RD., SUITE #110
CITY-ST-ZIP	NORTHBROOK, IL 60062
TITLE	ST
NAME	SALK, ARTHUR P
STREET ADDRESS	630 DUNDEE RD., SUITE #110
CITY-ST-ZIP	NORTHBROOK, IL 60062
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**STEVEN SUSSHOLZ**

**3-27-08**

Date

**847-564-8333**

Daytime Phone #