

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001630

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: CLEO COMMUNICATIONS, INC.

**Current Principal Place of Business:**

4201 GALLERIA DRIVE  
LOVES PARK, IL 61111

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 15835  
LOVES PARK, IL 611325835

**New Mailing Address:**

FEI Number: 36-3713066      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HAMPTON, BRIAN  
423 TERRACINA WAY  
NAPLES, FL 34119 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: P ( ) Delete  
Name: HAMPTON, BRIAN  
Address: 423 TERRACINA WAY  
City-St-Zip: NAPLES, FL 34119

Title: S ( ) Delete  
Name: AHLSTROM, JEFF  
Address: 1212 SCOTTSWOOD ROAD  
City-St-Zip: ROCKFORD, IL 61107

Title: C ( ) Delete  
Name: GAHL, FREDERICK DR  
Address: 7064 HARLEM ROAD  
City-St-Zip: ROCKFORD, IL 61111

Title: D ( ) Delete  
Name: CRONE, JOHN  
Address: 2787 HEDGECLIFF  
City-St-Zip: ROCKFORD, IL 61114

Title: D (X) Delete  
Name: ERIKSON, EVANS  
Address: 2965 COTSWOLD CIRCLE  
City-St-Zip: ROCKFORD, IL 61114

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JEFF AHLSTROM

S

04/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date