

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # F06000004778

1. Entity Name
COPPERCOM ACQUISITION CORP.



Principal Place of Business
3600 FAU BOULEVARD
BOCA RATON, FL 33431

Mailing Address
3600 FAU BOULEVARD
BOCA RATON, FL 33431



04212008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-4493156

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) 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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DC
HEISLEY, MICHAEL E
70 WEST MADISON STREET SUITE 5600
CHICAGO, IL 60602

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HEISLEY STOECKEL, EMILY
70 WEST MADISON STREET SUITE 5600
CHICAGO, IL 60602

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPSD
HICKS, JONATHAN
70 WEST MADISON STREET SUITE 5600
CHICAGO, IL 60602

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEOD
THOMSON, JULIAN
3600 FAU BOULEVARD
BOCA RATON, FL 33431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ASD
MEADOWS, STANLEY H
227 W MONROE ST 4700
CHICAGO, IL 60606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000919617
05/14/08-80011-006 150.00

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

Julian Thomson

Date

Daytime Phone #

4/21/08 561322 4120