


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90108 017 \*\*\*150.00

DOCUMENT # F06000005153					
1. Entity Name CORROSION MONITORING SERVICES, INC.					
Principal Place of Business 1851 FABYAN PARKWAY WEST CHICAGO, IL 60185			Mailing Address 1851 FABYAN PARKWAY WEST CHICAGO, IL 60185		
2. Principal Place of Business - No P.O. Box # <b>902 EQUITY DR</b>		3. Mailing Address <b>902 EQUITY DR</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>ST. CHARLES IL</b>		City & State <b>ST. CHARLES, IL</b>		4. FEI Number <b>36-3437612</b>	
Zip <b>60174</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  NRAI SERVICES INC 2731 EXECUTIVE PARK DR SUITE 4 WESTON, FL 33331		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TURNER, STEVEN A 130 WHITE OAK WHEATON, IL 60187	<input type="checkbox"/> Delete			
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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: <u>G. NEIDHART</u> 1/10/08 800-637-6592					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					