


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F06000005397</b>	
1. Entity Name NICOR ENERGY SERVICES COMPANY	

Principal Place of Business 2019 CORPORATE LANE, STE. 159 NAPERVILLE, IL 60563	Mailing Address 2019 CORPORATE LANE, STE. 159 NAPERVILLE, IL 60563
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01092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 36-3857885	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000606327 01/30/07-80074-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DODGE, DANIEL R. 1844 FERRY RD. NAPERVILLE, IL 60563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC O'CONNOR, GERALD P. 1844 FERRY RD. NAPERVILLE, IL 60563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAWLEY, RICHARD L. 1844 FERRY RD. NAPERVILLE, IL 60563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHILDRESS, CHRISTOPHER F. 2019 CORPORATE LANE, STE. 159 NAPERVILLE, IL 60563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHRAMMEL, ARNOLD J. 2019 CORPORATE LANE, STE. 159 NAPERVILLE, IL 60563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCNAMARA, DANIEL G. 2019 CORPORATE LANE, STE. 159 NAPERVILLE, IL 60563

**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: Arnold J. Schrammel Arnold Schrammel 1/24/07 630-718-2784  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #