

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005458

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: LAKESHORE EXHIBIT SERVICE, INC.

## Current Principal Place of Business:

9402 AMERICAN EAGLE WAY  
SUITE # 200  
ORLANDO, FL 328378378

## New Principal Place of Business:

## Current Mailing Address:

9402 AMERICAN EAGLE WAY  
SUITE # 200  
ORLANDO, FL 328378378

## New Mailing Address:

5850 W. OGDEN  
CICERO, IL 60804

FEI Number: 36-3525528

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MAZARCHUK, ROBERT J  
9402 AMERICAN EAGLE WAY  
SUITE # 200  
ORLANDO, FL 328378378 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: CP ( ) Delete  
Name: WOLF, CARL  
Address: 5850 WEST OGDEN AVE  
City-St-Zip: CICERO, IL 608048378

Title: VS ( ) Delete  
Name: ZUKER, LARRY  
Address: 5850 WEST OGDEN AVE  
City-St-Zip: CICERO, IL 608048378

Title: V ( ) Delete  
Name: OSTROWSKI, RICK  
Address: 5850 WEST OGDEN AVE  
City-St-Zip: CICERO, IL 608048378

## 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:

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: RICHARD OSTROWSKI

EVP

04/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date