

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006441

FILED
Apr 21, 2010
Secretary of State

Entity Name: TOM LANGE COMPANY, INC.

Current Principal Place of Business:

755 APPLE ORCHARD
SPRINGFIELD, IL 62703

New Principal Place of Business:

Current Mailing Address:

PO BOX 19261
SPRINGFIELD, IL 627949261

New Mailing Address:

FEI Number: 43-0961120

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: DP
Name: GUMPERT, F W
Address: 755 APPLE ORCHARD
City-St-Zip: SPRINGFIELD, IL 62703

Title: DVP
Name: GRISWOLD, JIMMY
Address: 755 APPLE ORCHARD
City-St-Zip: SPRINGFIELD, IL 62703

Title: DEVP
Name: SMITH, MICHAEL E
Address: 755 APPLE ORCHARD
City-St-Zip: SPRINGFIELD, IL 62703

Title: DVP
Name: RUBIN, BRUCE
Address: 755 APPLE ORCHARD
City-St-Zip: SPRINGFIELD, IL 62703

Title: D
Name: GAY, FARRELL C
Address: 755 APPLE ORCHARD
City-St-Zip: SPRINGFIELD, IL 62703

Title: ST
Name: SEELBACH, HUGH
Address: 755 APPLE ORCHARD
City-St-Zip: SPRINGFIELD, IL 62703

I hereby 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 all other like empowered.

SIGNATURE: LISA C. DOWNEY

ACON

04/21/2010

Electronic Signature of Signing Officer or Director

Date