

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F06000006767

1. Entity Name
HAPP CONTROLS, INC.



Principal Place of Business
106 GARLISCH DRIVE
ELK GROVE VILLAGE, IL 60007

Mailing Address
106 GARLISCH DRIVE
ELK GROVE VILLAGE, IL 60007

DO NOT WRITE IN THIS SPACE



07182008 No Chg-P CR2E034 (11/05)

4. FEI Number
36-3458592

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TURNBULL, CHARLES 106 GARLISCH DRIVE ELK GROVE VILLAGE, IL 60007
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVD NORTON, JAMES 106 GARLISCH DRIVE ELK GROVE VILLAGE, IL 60007
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST REGINELLI, DAVID 106 GARLISCH DRIVE ELK GROVE VILLAGE, IL 60007
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAGLEY, THOMAS 106 GARLISCH DRIVE ELK GROVE VILLAGE, IL 60007
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASD UNDERWOOD, JOHN 106 GARLISCH DRIVE ELK GROVE VILLAGE, IL 60007
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000956211
07/24/08-80003-017-158.75

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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 I'm empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David R. Reginelli

7-21-2008

Date

847-593-6130

Daytime Phone #