

2007 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 08:00 A
Secretary of State

DOCUMENT # F06000006891	
1. Entity Name ICC ENTERPRISES CORP	

Principal Place of Business 2025 GLEN ELLYN RD. GLENDALE HEIGHTS, IL 60139	Mailing Address 2025 GLEN ELLYN RD. GLENDALE HEIGHTS, IL 60139
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DO NOT WRITE IN THIS SPACE



04172007 No Chg-P CR2E034 (11/05)

4. FEI Number 36-2995167	Applied For Not Applicable
5. Certificate of Status Desired	☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JAIN, GANPAT M. 2025 BOGGY CREEK, UNIT 14 ORLANDO, FL 32824
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when completing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CP JAIN, GANPAT M. 59 HILLBURN LANE N. BARRINGTON, IL 60010
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DS JAIN, MADHU 59 HILLBURN LANE N. BARRINGTON, IL 60010
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04/27/07-80066-003 158.75

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: Ganpat M. Jain 04-16-07 (630)588-0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #