

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003116

FILED  
Apr 19, 2012  
Secretary of State

Entity Name: CC SERVICES OF ILLINOIS, INC.

**Current Principal Place of Business:**

1701 TOWANDA AVE  
BLOOMINGTON, IL 61701

**New Principal Place of Business:**

**Current Mailing Address:**

1711 GE ROAD  
BLOOMINGTON, IL 61704

**New Mailing Address:**

FEI Number: 37-1000579

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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: NELSON, PHILIP T  
Address: 1701 TOWANDA AVE  
City-St-Zip: BLOOMINGTON, IL 61701

Title: D  
Name: GUEBERT, RICHARD L JR  
Address: 1701 TOWANDA AVE  
City-St-Zip: BLOOMINGTON, IL 61701

Title: D  
Name: GREEN, DENNIS  
Address: 1701 TOWANDA AVE  
City-St-Zip: BLOOMINGTON, IL 61701

Title: D  
Name: CAWLEY, CHARLES M  
Address: 1701 TOWANDA AVE  
City-St-Zip: BLOOMINGTON, IL 61701

Title: D  
Name: ANDERSON, WAYNE R  
Address: 1701 TOWANDA AVE  
City-St-Zip: BLOOMINGTON, IL 61701

Title: VP  
Name: BOROWSKI, PETER J  
Address: 1711 GE ROAD  
City-St-Zip: BLOOMINGTON, IL 61704

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: PETER J BOROWSKI

VP

04/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date