

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2008 SEP 30 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # F07000005384	
1. Entity Name PRESENCE EAST, INC.	



Principal Place of Business 921 N PLUM GROVE ROAD SCHAUMBURG, IL 60173	Mailing Address 921 N PLUM GROVE ROAD SCHAUMBURG, IL 60173
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. 12 Executive Court, Ste 1		Suite, Apt. #, etc. 12 Executive Ct, Ste 1	
City & State South Barrington, IL		City & State South Barrington, IL	
Zip 60010	Country USA	Zip 60010	Country USA

07082008 Chg-P CR2E034 (12/06)

4. FEI Number
20-8851168

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent REINSTEIN, STEVE 13954 N CYPRUS GROVE CIRCLE DAVIE, FL 33325	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP WEILAND, WILLIAM T 921 N PLUM GROVE ROAD SCHAUMBURG, IL 60173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT WEILAND, WILLIAM 12 Executive Court, Suite 1 South Barrington, IL 60010 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ZIMMERMAN, MILTON 4036 W EMERSON STOKIE, IL 60076 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT 000136159270 09/19/08--01044--013 **150.00 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST TZUMAS, CHRISTINE 3691 PERSIMMON DRIVE ALGONQUIN, IL 60102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary CHRISTINE TZUMAS 20814 W SUMMIT DRIVE KILDEER, IL 60047 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, which is not like empowered.

SIGNATURE: _____ CHRYSTINE TZUMAS 7/8/08 847-277-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #