

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2008 08:00 A
Secretary of State

DOCUMENT # F07000005943

1. Entity Name
GRIPPLE INCORPORATED



Principal Place of Business
**1510 HUBBARD AVE
BATAVIA, IL 60510**

Mailing Address
**1510 HUBBARD AVE
BATAVIA, IL 60510**



03312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-3684806

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
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U00000889887
04/22/08-80071-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FACEY, HUGH D
STREET ADDRESS	CLIFFORD HOUSE, ECCLESALL RD SOUTH
CITY-ST-ZIP	WHIRLOW, SHEFFIELD ENGLAND, S11 9PX
TITLE	S
NAME	SHAD, DAWN
STREET ADDRESS	314 DEERFIELD WAY
CITY-ST-ZIP	GENEVA, IL 60134
TITLE	T
NAME	HALL, ROGER
STREET ADDRESS	408 DOURADES, APARTADO 3164
CITY-ST-ZIP	ALGGARVE PORTUGAL,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dawn M. Shad Dawn M. Shad 4/4/08 630-406-0600