

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000006269

**FILED**  
**Jan 17, 2011**  
**Secretary of State**

**Entity Name:** DROZAK CONSULTING AMERICAS, INC.

**Current Principal Place of Business:**

PRESIDENTS PLAZA 8700 W BRYN MAWR STE 800S  
CHICAGO, IL 60631

**New Principal Place of Business:**

8700 W. BRYN MAWR, #800 S.  
CHICAGO, IL 60631

**Current Mailing Address:**

PRESIDENTS PLAZA 8700 W BRYN MAWR STE 800S  
CHICAGO, IL 60631

**New Mailing Address:**

8700 W. BRYN MAWR, #800 S.  
CHICAGO, IL 60631

**FEI Number:** 33-1173180

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE SUITE 4  
WESTON, FL 33331 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: DROZAK, JACEK DR  
Address: LEIBNIZSTR. 53  
City-St-Zip: 10629 BERLIN, GERMANY, X X X

Title: DPTS  
Name: ROMEISER, THOMAS DR  
Address: LEIBNIZSTR. 53  
City-St-Zip: 10629 BERLIN, GERMANY, X X X

Title: AS  
Name: AMES, SARAH  
Address: 525 W MONROE STREET, STE. 2360  
City-St-Zip: CHICAGO, IL 60661

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: SARAH AMES

AS

01/17/2011

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

\_\_\_\_\_  
Date