

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000000526

FILED
Apr 30, 2012
Secretary of State

Entity Name: CRESCENT THERAFUSION, INC.

Current Principal Place of Business:

888 S DISNEYLAND DR
ANAHEIM, CA 92802

New Principal Place of Business:

300 WILMOT ROAD
MS 3301
DEERFIELD, IL 60015

Current Mailing Address:

888 S DISNEYLAND DR
ANAHEIM, CA 92802

New Mailing Address:

300 WILMOT ROAD
MS 3301
DEERFIELD, IL 60015

FEI Number: 82-0567868

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: PRES
Name: MASTRAPA, PAUL
Address: 485 HALF DAY ROAD, SUITE 300
City-St-Zip: BUFFALO GROVE, IL 60089

Title: VP
Name: ZSITEK, LORI
Address: 485 HALF DAY ROAD, SUITE 300
City-St-Zip: BUFFALO GROVE, IL 60089

Title: SEC
Name: SILVERMAN, ROBERT
Address: 104 WILMOT ROAD
City-St-Zip: DEERFIELD, IL 60015

Title: TRES
Name: FELISH, MICHAEL
Address: 300 WILMOT ROAD
City-St-Zip: DEERFIELD, IL 60015

Title: VP
Name: MANN, JOHN
Address: 300 WILMOT ROAD
City-St-Zip: DEERFIELD, IL 60015

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: MICHAEL FELISH

TRES

04/30/2012

Electronic Signature of Signing Officer or Director

Date