

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000000541

Entity Name: WELLNESS, INC. OF ILLINOIS

FILED  
Mar 30, 2011  
Secretary of State

**Current Principal Place of Business:**

4170 OGDEN AVE  
AURORA, IL 60504

**New Principal Place of Business:**

4170 OGDEN AVENUE  
AURORA, IL 60504

**Current Mailing Address:**

PO BOX 15645  
LAS VEGAS, NY 891145645

**New Mailing Address:**

4170 OGDEN AVENUE  
AURORA, IL 60504

FEI Number: 36-3437660

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/P  
Name: WEBB, ROBERT THOMAS  
Address: 4170 OGDEN AVENUE  
City-St-Zip: AURORA, IL 60504

Title: TREA  
Name: OBERRENDER, ROBERT WORTH  
Address: 4170 OGDEN AVENUE  
City-St-Zip: AURORA, IL 60504

Title: VP  
Name: KELLY, JOHN WILLIAM  
Address: 4170 OGDEN AVENUE  
City-St-Zip: AURORA, IL 60504

Title: SEC  
Name: HARPER, JENNIFER LOIS  
Address: 4170 OGDEN AVENUE  
City-St-Zip: AURORA, IL 60504

Title: DIR  
Name: EMERSON, PAUL MATTHEW  
Address: 4170 OGDEN AVENUE  
City-St-Zip: AURORA, IL 60504

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: MANDELIN HENDRICKS

POA

03/30/2011

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

\_\_\_\_\_  
Date