

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000000541

**FILED**  
**Mar 21, 2012**  
**Secretary of State**

**Entity Name:** WELLNESS, INC. OF ILLINOIS

**Current Principal Place of Business:**

4170 OGDEN AVENUE  
AURORA, IL 60504

**New Principal Place of Business:**

**Current Mailing Address:**

4170 OGDEN AVENUE  
AURORA, IL 60504

**New Mailing Address:**

**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: P/D  
Name: WEBB, ROBERT THOMAS  
Address: 13625 TECHNOLOGY DRIVE  
City-St-Zip: EDEN PRAIRIE, MN 55344

Title: TREA  
Name: OBERRENDER, ROBERT WORTH  
Address: 9900 BREN ROAD EAST  
City-St-Zip: MINNETONKA, MN 55343

Title: SEC  
Name: HARPER, JENNIFER LOIS  
Address: 13625 TECHNOLOGY DRIVE  
City-St-Zip: EDEN PRAIRIE, MN 55344

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: MANDELINE HENDRICKS

POA

03/21/2012

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

\_\_\_\_\_  
Date