

2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F10000004633

FILED
Oct 02, 2012
Secretary of State

Entity Name: CONNOISSEUR ENCOUNTERS COMPANY, INC.

Current Principal Place of Business:

1500 GATEWAY BLVD, SUITE 140
(OPTIONAL)
BOYNTON BEACH, FL 33426 US

New Principal Place of Business:

Current Mailing Address:

1341 BARCLAY BLVD
BUFFALO GROVE, IL 60089 US

New Mailing Address:

FEI Number: 36-3698687 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST
(OPTIONAL)
TALLAHASSEE, FL 32301 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
Name: BOOKER, MATHEW W
Address: 308 SURREY LANE
City-St-Zip: LAKE FOREST, IL 60045 US

Title: VP
Name: HASLER, THOMAS D
Address: 8D UPPER ADDISON GARDENS
City-St-Zip: LONDON, UK, UK W148AL UK

Title: S
Name: SCHWERMANN, JOY A
Address: 320 W AUSTINE AVE
City-St-Zip: LIBERTYVILLE, IL 60048 US

Title: T
Name: SCHWERMANN, JOY A
Address: 320 W AUSTIN AVE
City-St-Zip: LIBERTYVILLE, IL 60048 US

Title: DIRE
Name: HASLER, THOMAS D
Address: 8D UPPER ADDISON GARDENS
City-St-Zip: LONDON, UK, UK W148AL UK

Title: N/A
Name: N/A
Address: N/A
City-St-Zip: N/A, NA N/A NA

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: JOY SCHWERMANN

SECR

10/02/2012

Electronic Signature of Signing Officer or Director

Date