

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F78896

FILED  
Mar 11, 2009  
Secretary of State

Entity Name: CCS FINANCIAL SERVICES, INC.

## Current Principal Place of Business:

1400 EAST TOUHY AVE.  
SUITE 100  
DES PLAINES, IL 60018

## New Principal Place of Business:

## Current Mailing Address:

1400 EAST TOUHY AVE  
SUITE 100  
DES PLAINES, IL 60018

## New Mailing Address:

FEI Number: 59-2187368

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TOBIN & REYES, P.A.  
ATTN: DAVID S. TOBIN, ESQ  
5355 TOWN CENTER RD., STE. 204  
BOCA RATON, FL 33486 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HAUSER, PAUL P,  
Address: 6883 QUEENFERRY CIRCLE  
City-St-Zip: BOCA RATON, FL 33496

Title: STD ( ) Delete  
Name: HERSHMAN, BARRY E,  
Address: 1400 E TOUHY AVE STE 100  
City-St-Zip: DES PLAINES, IL 60018

Title: D ( ) Delete  
Name: EAGER, ALLEN,  
Address: 1400 E TOUHY AVE STE 100  
City-St-Zip: DES PLAINES, IL 60018

Title: VP (X) Delete  
Name: MARSHALL DAVIS,  
Address: 6340 NW 5 WAY  
City-St-Zip: FORT LAUDERDALE, FL 33309

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PAUL HAUSER

PRES

03/11/2009

Electronic Signature of Signing Officer or Director

Date