

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90024 001 ***150.00

DOCUMENT # F88982

1. Entity Name
MEDMARK SERVICES, INC.



Principal Place of Business
**TWO TRANSAM PLAZA DRIVE, STE 420
OAKBROOK TERRACE, IL 60181**

Mailing Address
**TWO TRANSAM PLAZA DRIVE, STE 420
OAKBROOK TERRACE, IL 60181**

40049100



01242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2212083	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent; and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP CECSEY, WILLIAM <i>Dave White</i> TWO TRANSAM PLAZA DRIVE, SUITE 420 OAKBROOK TERRACE, IL 60181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM WILLCOXON, SAM 1513 LAKESHORE DR <i>1700 E Golf Rd Ste 1115</i> BARRINGTON, IL 60010 <i>Schaumburg IL 60173</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM STEFFY, DAVID 6 CYPRESS POINT LANE NEWPORT BEACH, CA 92660
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM COLLINSON, JEFF 1055 WASHINGTON BLVD STAMFORD, CT 06901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOS PARILLA, MICHAEL <i>Michael Wallace</i> TWO TRANSAM PLAZA DRIVE, SUITE 420 OAKBROOK TERRACE, IL 60181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM HOWE, TIMOTHY 1055 WASHINGTON BLVD STAMFORD, CT 06901

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-08

Date

Daytime Phone #