

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # F90358

1. Entity Name
H I VENTURE FOUR, INC.



Principal Place of Business
**2700 SANDERS ROAD
ATTN: TAX DEPT
PROSPECT HEIGHTS, IL 60070 US**

Mailing Address
**2700 SANDERS ROAD
ATTN: TAX DEPT 2-S
PROSPECT HEIGHTS, IL 60070 US**



03282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2217740 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. 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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

000000504077
04/26/06-80057-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SHANLEY, T.P.
STREET ADDRESS	2700 SANDERS ROAD
CITY-ST-ZIP	PROSPECT HEIGHTS, IL 60070
TITLE	VP
NAME	POLAYES, F.M.
STREET ADDRESS	2700 SANDERS ROAD
CITY-ST-ZIP	PROSPECT HEIGHTS, IL 60070
TITLE	TC
NAME	MOORE, R.J.
STREET ADDRESS	2700 SANDERS ROAD
CITY-ST-ZIP	PROSPECT HEIGHTS, IL 60070
TITLE	DVP
NAME	KESLER, W.H.
STREET ADDRESS	2700 SANDERS ROAD
CITY-ST-ZIP	PROSPECT HEIGHTS, IL 60070
TITLE	D
NAME	ANCONA, E.D.
STREET ADDRESS	2700 SANDERS ROAD
CITY-ST-ZIP	PROSPECT HEIGHTS, IL 60070
TITLE	AS
NAME	ANGELO, J M
STREET ADDRESS	2700 SANDERS ROAD
CITY-ST-ZIP	PROSPECT HEIGHTS, IL 60070

**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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph M. Angelo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph M. Angelo

4/3/2006

847.564.6
Daytime Phone #