

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90221 001 ***600.00

DOCUMENT # F90359

1. Entity Name
H I VENTURE THREE, INC.



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

Mailing Address
**2700 SANDERS ROAD
ATTN: TAX DEPT 2-5
PROSPECT HEIGHTS, IL 60070 US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

04272005 Chg-P CR2E034 (10/03)

4. FEI Number
59-2217730

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**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SHAMLEY, T.P.	
STREET ADDRESS	2700 SANDERS ROAD	
CITY-ST-ZIP	PROSPECT HEIGHTS, IL 60070	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KING, L.C.	
STREET ADDRESS	2700 SANDERS ROAD	
CITY-ST-ZIP	PROSPECT HEIGHTS, IL 60070	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MOSS, D. D. JR.	
STREET ADDRESS	2700 SANDERS ROAD	
CITY-ST-ZIP	PROSPECT HEIGHTS, IL 60070	
TITLE	S	<input type="checkbox"/> Delete
NAME	MATTENSEN, L.S.	
STREET ADDRESS	2700 SANDERS ROAD	
CITY-ST-ZIP	PROSPECT HEIGHTS, IL 60070	
TITLE	AS	<input type="checkbox"/> Delete
NAME	ANGELO, J M	
STREET ADDRESS	2700 SANDERS RD	
CITY-ST-ZIP	PROSPECT HEIGHTS, IL 60070	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T.P. Shanley	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D.J. Mickey	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	A.J. MOORE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	L.S. MATHEWSON	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

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

Date

Daytime Phone #

4/24/05
847.564.5000