

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 MAR 13 AM 8:25

RECEIVED STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000000697

1. Entity Name
AS NEVADA CORP.



Principal Place of Business
C/O 600 CENTRAL AVE
SUITE 365
HIGHLAND PARK, IL 60035

Mailing Address
C/O 600 CENTRAL AVE
SUITE 365
HIGHLAND PARK, IL 60035



02022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
88-0259558

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FELNER, JAY
4182 LIVE OAK BLVD
DELRAY BEACH, FL 33445

**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 reappointing)

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**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GOLDMAN, ROBERT U
STREET ADDRESS	600 CENTRAL AVE., #365
CITY- ST- ZIP	HIGHLAND PARK, IL 60035
TITLE	VD
NAME	SCHWARTZBERG, ALBERT
STREET ADDRESS	44 SOUTH BROADWAY, SUITE 614
CITY- ST- ZIP	WHITE PLAINS, NY 10601
TITLE	VD
NAME	FELNER, JAY
STREET ADDRESS	4182 LIVE OAK BLVD
CITY- ST- ZIP	DELRAY BEACH, FL 33445
TITLE	VD
NAME	LEFKOVITZ, ALLEN A
STREET ADDRESS	120 N. LASALLE DR., SUITE 1200
CITY- ST- ZIP	CHICAGO, IL 60602
TITLE	VD
NAME	NESHEK, THOMAS
STREET ADDRESS	14 E. WALWORTH ST.
CITY- ST- ZIP	ELKHORN, WI 53121
TITLE	STD
NAME	WAGNER, SUSAN
STREET ADDRESS	600 CENTRAL AVE., #365
CITY- ST- ZIP	HIGHLAND PARK, IL 60035

500069054215
03/30/06--01048--003 **150.00

**DO NOT WRITE
IN THIS SPACE**

3/3/16

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: _____

Susan Wagner, Treasurer 3/10/06 847-432-3666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #