## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 26, 2004 8:00 am Secretary of State **DOCUMENT # F93000001459** 04-26-2004 91031 031 \*\*\*150.00 1. Entity Name STS PARTNER CORPORATION Mailing Address Principal Place of Business 3333 BEVERLY RD 3333 BEVERLY RD D/768TAX B5-266A D/768TAX B5-266A HOFFMAN ESTATES, IL 60179 HOFFMAN ESTATES, IL 60179 US 3. Mailing Address 2. Principal Place of Business 3333 Beverly 3333 Beverly Suite, Ant.#. etc. iite, Apt. #, etc CR2E034 (10/03) 04192004 Chg-P 14. 12-5(34) BB-130B 768TAX City & State Applied For City & State FOF fman E 4. FEI Number 36-3817598 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 60179 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 $\Box$ Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition ☐ Change ☐ Delete TITLE TITLE RICTHER, GLENN R NAME NAME STREET ADDRESS 3333 BÉVERLY RD. STREET ADDRESS HOFFMAN ESTATES, IL 60179 CITY-ST-ZIP City-St-ZiP ☐ Delete TITLE ☐ Addition April Hanes - Dowd HANES-LOUD, APRIL NAME 3333 Bevenly Rd. 3333 BEVERLY RD. STREET ADORESS STREET ADDRESS 60179 CITY-ST-ZIP HOFFMAN ESTATES, IL 60179 CITY-ST-ZIF Change ☐ Addition ☐ Defete NAME NAME STREET ADDRESS . STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE Delete NAME STREET ADDRESS 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.

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