

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90250 015 ***150.00

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1. Entity Name
TELULAR CORPORATION



Principal Place of Business
**311 SOUTH WACKER DR. SUITE 4300
CHICAGO, IL 60606 US**

Mailing Address
**311 SOUTH WACKER DR. SUITE 4300
CHICAGO, IL 60606 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282008

Chg-P

CR2E034 (12/06)

4. FEI Number

36-3885440

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH 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, 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	CEOP	<input checked="" type="checkbox"/> Delete
NAME	BOYLE, MICHAEL	
STREET ADDRESS	227 E. WALTON 9E	
CITY-ST-ZIP	CHICAGO, IL 60611	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HERRMANN, JEFFREY L	
STREET ADDRESS	6150 N. KIBOURN AVE	
CITY-ST-ZIP	CHICAGO, IL 60646	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GIACOPELLI, DANIEL	
STREET ADDRESS	580 OLD WILLETS PATH	
CITY-ST-ZIP	HAUPPAUGE, NY 11788	
TITLE	T	<input type="checkbox"/> Delete
NAME	DEERING, ROBERT	
STREET ADDRESS	1605 E. LINDEN LANE	
CITY-ST-ZIP	MOUNT PROSPECT, IL 60056	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORD, LARRY J	
STREET ADDRESS	1590 HARBOR SOUND	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLUCAS, BRIAN	
STREET ADDRESS	22 W 422 ELMWOOD DRIVE	
CITY-ST-ZIP	GLEN ELLYN, IL 60137	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPH A BEATTY	
STREET ADDRESS	1608 GROMMON ROAD	
CITY-ST-ZIP	NAPERVILLE, IL 60564	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONATHAN CHARAK	
STREET ADDRESS	44 WILTSHIRE DRIVE	
CITY-ST-ZIP	LINCOLNSHIRE, IL 60069	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 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:

Robert Deering
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #