


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90088 049 ***150.00

DOCUMENT # F93000004805	
1. Entity Name LAGASSE, INC.	

Principal Place of Business ONE PARKWAY NORTH BLVD DEERFIELD, IL 60015-2559 US	Mailing Address ATTN: TAX DEPT 2200 E GOLF ROAD DES PLAINES, IL 60016 US
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40105676



2. Principal Place of Business - No P.O. Box #		3. Mailing Address one Parkway North	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite E 100	
City & State		City & State Deerfield, IL	
Zip	Country	Zip	Country
60015	USA	60015	USA

04262007 Chg-P CR2E034 (12/06)

4. FEI Number 72-0514669	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHELTON, TODD ONE PKWY N BLVD DEERFIELD, IL 60015 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Operating Officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SHELTON, TODD ONE PARKWAY NORTH STE 100 DEERFIELD, IL 60015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHULTZ, STEVE ONE PKWY N BLVD DEERFIELD, IL 60015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President-Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BRIAN COOPER ONE PARKWAY NORTH STE 100 DEERFIELD, IL 60015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB HAMPTON, MARK RICHARD W GRENNAYER DES PLAINES, IL 60016 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President-Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ERIC BLANCHARD ONE PARKWAY NORTH STE 100 DEERFIELD, IL 60015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DURAK, KATHELEEN S 2200 E. GOLF ROAD DES PLAINES, IL 60016 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Dvorak, Kathleen ONE PARKWAY NORTH STE 100 DEERFIELD, IL 60015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman of the Board <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Richard Gochnaver ONE PARKWAY NORTH STE 100 DEERFIELD, IL 60015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Brian S. Cooper **BRIAN S. COOPER** **TREASURER** **4/27/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #