

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F94000002804**

1. Entity Name

**SCHOLLE CORPORATION**



Principal Place of Business

**200 W NORTH AVENUE  
NORTHLAKE, IL 60164 US**

Mailing Address

**200 W NORTH AVENUE  
NORTHLAKE, IL 60164 US**



01132004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **36-2748792** 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**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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
NAME	SCHOLLE, W.J.
STREET ADDRESS	200 W NORTH AVENUE
CITY-ST-ZIP	NORTHLAKE, IL 60164
TITLE	T
NAME	BORKETT, WILLIAM R
STREET ADDRESS	200 W NORTH AVENUE
CITY-ST-ZIP	NORTHLAKE, IL
TITLE	S
NAME	BELL, MARTIN D
STREET ADDRESS	200 W NORTH AVENUE
CITY-ST-ZIP	NORTHLAKE, IL 60164
TITLE	AT
NAME	SAMSON, JAMES R
STREET ADDRESS	200 W NORTH AVENUE
CITY-ST-ZIP	NORTHLAKE, IL 60164
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE  
IN THIS SPACE**

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

*Kipley Eban*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/04 630-993-7366  
Date Daytime Phone #