



FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90189 016 ***150 00

DOCUMENT # F94000003639 1. Entity Name BENEFICIAL TECHNOLOGY CORPORATION						Apr 23, 2007 8:00 am Secretary of State 04-26-2007 90189 016 ***150.00	
Principal Place of Business 2700 SANDERS ROAD ATTN: TAX DEPARTMENT PROSPECT HEIGHTS, IL 60070 US				Mailing Address 2700 SANDERS ROAD ATTN: TAX DEPARTMENT PROSPECT HEIGHTS, IL 60070 US			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		<div style="text-align: right; margin-bottom: 10px;">40000100</div>  04132007 Chg-P CR2E034 (12/06) 4. FEI Number 51-0111085 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CT 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
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			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/>	Delete	TITLE		<input type="checkbox"/>	Change Addition
NAME	DETELICH, T.M.			NAME			
STREET ADDRESS	2700 SANDERS ROAD			STREET ADDRESS			
CITY-ST-ZIP	PROSPECT HEIGHTS, IL 60070			CITY-ST-ZIP			
TITLE	VPS	<input type="checkbox"/>	Delete	TITLE	VPS	<input checked="" type="checkbox"/>	Change Addition
NAME	BROMLEY, N.J.			NAME	Rose C. Mancini		
STREET ADDRESS	2700 SANDERS ROAD			STREET ADDRESS			
CITY-ST-ZIP	PROSPECT HEIGHTS, IL 60070			CITY-ST-ZIP			
TITLE	VPT	<input type="checkbox"/>	Delete	TITLE		<input type="checkbox"/>	Change Addition
NAME	ANDERSON, DANIEL W			NAME			
STREET ADDRESS	2700 SANDERS ROAD			STREET ADDRESS			
CITY-ST-ZIP	PROSPECT HEIGHTS, IL 60070			CITY-ST-ZIP			
TITLE	DEV	<input type="checkbox"/>	Delete	TITLE	DVP	<input checked="" type="checkbox"/>	Change Addition
NAME	VOZAR, J.A.			NAME	John T. Greene		
STREET ADDRESS	2700 SANDERS ROAD			STREET ADDRESS			
CITY-ST-ZIP	PROSPECT HEIGHTS, IL 60070			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/>	Delete	TITLE		<input type="checkbox"/>	Change Addition
NAME	ANGELO, J.M			NAME			
STREET ADDRESS	2700 SANDERS ROAD			STREET ADDRESS			
CITY-ST-ZIP	PROSPECT HEIGHTS, IL 60070			CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	Delete	TITLE		<input type="checkbox"/>	Change Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: <i>Joseph M. Angelo</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <i>4-16-07</i> Daytime Phone #: <i>847.544.4058</i>			