

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000004049

FILED  
Mar 29, 2007  
Secretary of State

Entity Name: RESTORATION TECHNOLOGIES OF ILLINOIS, INC.

**Current Principal Place of Business:**

3695 PRAIRIE LAKE COURT  
AURORA, IL 60504 US

**New Principal Place of Business:**

**Current Mailing Address:**

3695 PRAIRIE LAKE COURT  
AURORA, IL 60504 US

**New Mailing Address:**

FEI Number: 95-3813137      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WERLINGER, DONALD G  
Address: 3695 PRAIRIE LAKE CT.  
City-St-Zip: AURORA, IL 60504

Title: TD ( ) Delete  
Name: TUCEK, DONALD M  
Address: 3695 PRAIRIE LAKE CT.  
City-St-Zip: AURORA, IL 60504

Title: SD ( ) Delete  
Name: CALAWAY, RONALD  
Address: 3695 PRAIRIE LAKE CT.  
City-St-Zip: AURORA, IL 60504

Title: VD ( ) Delete  
Name: BATES, TOBY  
Address: 2427 S. ANNE ST.  
City-St-Zip: SANTA ANA, CA 92704

Title: VD ( ) Delete  
Name: WARNER, JOHN  
Address: 3695 PRAIRIE LAKE CT.  
City-St-Zip: AURORA, IL 60504

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD M. TUCEK

TD

03/29/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date