

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000004049

FILED
Apr 21, 2009
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: TUCEK, DONALD M
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: VD (X) Change () Addition
Name: BATES, TOBY
Address: 1835 SAMPSON AVENUE
City-St-Zip: CORONA, CA 92879

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

I hereby certify that the information supplied with this filing does not qualify 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

PRES

04/21/2009

Electronic Signature of Signing Officer or Director

_____ Date