

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90102 034 \*\*\*150.00

**DOCUMENT # F94000004381**

1. Entity Name

**TOMBER CORPORATION**



Principal Place of Business

C/O JOHN S. SHAPIRA  
115 S. LASALLE ST, SUITE 3500  
CHICAGO IL 60603

Mailing Address

C/O JOHN S. SHAPIRA  
115 S. LASALLE ST, SUITE 3500  
CHICAGO IL 60603



2. Principal Place of Business

c/o John S. Shapira

3. Mailing Address

c/o John S. Shapira

Suite, Apt. #, etc.

111 S. Wacker Dr, #4400

Suite, Apt. #, etc.

111 S. Wacker Dr, #4400

City & State

Chicago, IL 60606-4410

City & State

Chicago, IL 60606-4410

Zip

Country

60606-4410

Zip

60606-4410

Country

4. FEI Number

36-3616513

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/05)

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME SHAPIRA, JOHN S  
STREET ADDRESS 560 LYMAN COURT  
CITY-ST-ZIP HIGHLAND PARK IL 60035

TITLE VD ☐ Delete  
NAME SHOEMAKER, MICHELLE  
STREET ADDRESS 3500 LAWSON ROAD  
CITY-ST-ZIP GLENVIEW IL 60025

TITLE S ☐ Delete  
NAME CATALDO, JACQUELINE A  
STREET ADDRESS C/O 115 S. LASALLE STREET  
CITY-ST-ZIP CHICAGO IL 60603

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 60026

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 111 S. Wacker Dr, #4400  
CITY-ST-ZIP Chicago, IL 60606-4410

TITLE Vice President ☐ Change ☒ Addition  
NAME Emily S. Goldin  
STREET ADDRESS 188 Sheridan Road  
CITY-ST-ZIP Highland Park, IL 60035

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** By: *John S. Shapira* John S. Shapira, President 2/14/06 312-443-0277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #