

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90031 047 ***150.00

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1. Entity Name

TOMBER CORPORATION



Principal Place of Business

C/O JOHN S. SHAPIRA
111 S WACKER DR 4400
CHICAGO IL 60606-4410

Mailing Address

C/O JOHN S. SHAPIRA
111 S WACKER DR 4400
CHICAGO IL 60606-4410



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-3616513

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E034 (10/06)

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 reinstating.)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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
NAME SHAPIRA, JOHN S ☐ Delete
STREET ADDRESS 560 LYMAN COURT
CITY- ST- ZIP HIGHLAND PARK IL 60035

TITLE VD
NAME SHOEMAKER, MICHELLE ☐ Delete
STREET ADDRESS 3500 LAWSON ROAD
CITY- ST- ZIP GLENVIEW NAS IL 60026

TITLE S
NAME CATALDO, JACQUELINE A ☐ Delete
STREET ADDRESS 1110 S WACKER DR 4400
CITY- ST- ZIP CHICAGO IL 60606-4410

TITLE VP
NAME GOLDIN, EMILY S ☐ Delete
STREET ADDRESS 188 SHERIDAN RD
CITY- ST- ZIP HIGHLAND PARK IL 60035

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 GLENVIEW, IL 60026

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

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

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.

TOMBER CORPORATION General Partner

SIGNATURE: By: John S. Shapira John S. Shapira, President 2/14/07 312-443-0277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #