2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000004677

FILED Feb 18, 2009 Secretary of State

Entity Nai	me: WINDING	BROOK CORPORATION				
Current P	rincipal Place	of Business:	New Principal Place of Business:			
PRUDENT 801 WARF LISLE, IL (RENVILLE RD	STE 150				
Current M	lailing Addres	ss:	New Mailing Address:			
PRUDENT 801 WARF LISLE, IL (RENVILLE RD	STE 150				
FEI Number: 06-1301818 FEI Number Applied For ()		FEI Number Not Applicable () Certificate of Statu		Certificate of Status Desired	()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of I	New Registered Agent:	
1200 S. PI	PORATION SYS NE ISLAND RE ION, FL 33324	D.				
	named entity s e of Florida.	submits this statement for the	purpose of changing i	ts registered o	office or registered agent, o	r both,
SIGNATUR	RE:					
		nic Signature of Registered Ag	ent		Date	
Election Car	mpaign Financing	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () ALLISON, CHAI 201 ORANGE A ORLANDO, FL	VE STE 795	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD () TUCKER, KUAN 4 GATEWAY C' NEWARK, NJ (TR	Title: Name: Address: City-St-Zip:	VPD (X TWARDOCK, I 4 GATEWAY C NEWARK, NJ	CTR	
Title: Name: Address: City-St-Zip:	JAY, CHRISTO	ILLE RD STE 150	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	D () TWARDOCK, D 4 GATEWAY C' NEWARK, NJ (TR	Title: Name: Address: City-St-Zip:	VP (X LASSITER, RC 201 S. ORANG ORLANDO, FL	SE AVE	
Title: Name	VP ()	Delete	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: CHRISTOPHER G. JAY ST 02/18/2009

801 WARRENVILLE RD STE 150

LISLE, IL 60532

Address: City-St-Zip: