

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90035 018 \*\*\*150.00

**DOCUMENT # F94000005529**

1. Entity Name  
LANGE TRADING COMPANY, INC.



Principal Place of Business  
P.O. BOX 19261  
SPRINGFIELD, IL 62794-9261

Mailing Address  
P.O. BOX 19261  
SPRINGFIELD, IL 62794-9261

44000000



03262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
86-0696909

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

MEUERS, LAWRENCE H  
2590 GOLDEN GATE PARKWAY  
SUITE 109  
NAPLES, FL 33942

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	GAY, FARRELL C
STREET ADDRESS	1516 WESTLAKE SHORE DRIVE
CITY-ST-ZIP	SPRINGFIELD, IL 62707
TITLE	STD
NAME	SMITH, MICHAEL E
STREET ADDRESS	2120 SOUTH GLENWOOD
CITY-ST-ZIP	SPRINGFIELD, IL 62704
TITLE	CPD
NAME	GUMPERT, FILMORE W
STREET ADDRESS	444 TRILBEY CT
CITY-ST-ZIP	NOBLESVILLE, IN 46060
TITLE	SVD
NAME	GRISWOLD, JIMMY
STREET ADDRESS	66 VIA VERDE
CITY-ST-ZIP	WICHITA, KS 67230
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*Michael E. Smith, Dec-Juan* 3/26/04 217-786-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #