

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT #F94000006466

1. Entity Name
BENEFICIAL SYSTEMS DEVELOPMENT CORPORATION



Principal Place of Business
**2700 SANDERS RD
PROSPECT HEIGHTS, IL 60070**

Mailing Address
**2700 SANDERS RD
PROSPECT HEIGHTS, IL 60070**

DO NOT WRITE IN THIS SPACE

FILED
Apr 12, 2006 08:00 AM
Secretary of State



03282006 No Chg-P CR2E034 (11/05)

4. FEI Number
51-0362887

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 _____

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U00000504071
04/26/06-80057-015 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DETELICH, TM
STREET ADDRESS	2700 SANDERS RD
CITY-ST-ZIP	PROSPECT HEIGHTS, IL 60070
TITLE	VPD
NAME	SODEIKA, L M
STREET ADDRESS	2700 SANDERS ROAD
CITY-ST-ZIP	PROSPECT HEIGHTS, IL 60070
TITLE	DEVP
NAME	VOZAR, J.A.
STREET ADDRESS	2700 SANDERS ROAD
CITY-ST-ZIP	PROSPECT HEIGHTS, IL 60070
TITLE	VPS
NAME	BROMLEY, NJ
STREET ADDRESS	2700 SANDERS RD
CITY-ST-ZIP	PROSPECT HEIGHTS, IL 60070
TITLE	VPT
NAME	ANDERSON, DANIEL W
STREET ADDRESS	2700 SANDERS ROAD
CITY-ST-ZIP	PROSPECT HEIGHTS, IL 60070
TITLE	AS
NAME	ANGELO, J.M.
STREET ADDRESS	2700 SANDERS ROAD
CITY-ST-ZIP	PROSPECT HEIGHTS, IL 60070

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joseph M. Angelo

Joseph M. Angelo

4/3/2006

847.564.405