

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005465

FILED
Apr 25, 2008
Secretary of State

Entity Name: CANNON COCHRAN MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

2 EAST MAIN STREET
TOWNE CENTRE BLDG
DANVILLE, IL 61832

New Principal Place of Business:

Current Mailing Address:

2 EAST MAIN STREET
TOWNE CENTRE BLDG
DANVILLE, IL 61832

New Mailing Address:

FEI Number: 37-1057804 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: COBD () Delete
Name: THOMAS, GEORGE B
Address: 2701 WINDWARD BLVD
City-St-Zip: CHAMPAIGN, IL 61821

Title: COOD () Delete
Name: GOLDEN, RODNEY J
Address: 3 W CONRON
City-St-Zip: DANVILLE, IL 61832

Title: SD () Delete
Name: LUEBBERT, STEVEN F
Address: 638 SHERWOOD DR
City-St-Zip: WEBSTER GROVES, MO 63119

Title: TD () Delete
Name: KLUTH, JOHN E II
Address: 2404 BRANCH ROAD
City-St-Zip: CHAMPAIGN, IL 61822

Title: D () Delete
Name: NORENBURG, MARY
Address: 3129 GOLF CIRCLE
City-St-Zip: DANVILLE, IL 61832

Title: D () Delete
Name: HENWOOD, DAVE
Address: 27 LAKESHORE RD
City-St-Zip: DANVILLE, IL 61832

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: RODNEY J GOLDEN

COO

04/25/2008

Electronic Signature of Signing Officer or Director

_____ Date