## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F95000005515

Entity Name: NORIX GROUP, INC.

City-St-Zip:

## FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
1000 ATLANTIC DRIVE WEST CHICAGO, IL 60185				1000 ATLANTIC DRIVE WEST CHICAGO, IL 60185 US				
Current Mailing Address:				New Mailing Address:				
% MICHAEL B. UDELL 5400 S. UNIVERSITY DRIVE, #117 DAVIE, FL 33328				17 N SIXTH PO BOX 70 GENEVA, II		US		
FEI Number: 36-3257149 FEI Number Applied For ( )			FEI Numb	El Number Not Applicable ( ) Certificate of Status Desired ( )				
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
UNIT 302 NAPLES, I The above in the State	FSHORE BLVI FL 34103 US named entity se of Florida.	O N submits this statement for the p	urpose of	changing it	s registered o	ffice o	r registered agent, or both,	
SIGNATUI		ic Signature of Registered Age	nt				 Date	
Election Car		g Trust Fund Contribution ( ).	IIL				Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS				
Title: Name: Address: City-St-Zip:		Delete D B DRE BLVD N	7 1	Title: Name: Address: City-St-Zip:			e ( ) Addition	
Title: Name: Address: City-St-Zip:	VSD ( ) KARL, HEATHE 4051 GULF SH NAPLES, FL 3	ORE BLVD N	1	Title: Name: Address: City-St-Zip:	D (X) KARL, HEATHE 4051 GULF SHO NAPLES, FL 34	R L ORE BL	e ()Addition .VD N	
Title: Name: Address: City-St-Zip:	P ( ) KARL, SCOTT ( 41 S LINCOLN GENEVA, IL 60	AVE	1	Title: Name: Address: City-St-Zip:	PD (X) KARL, SCOTT ( 322 S FOURTH GENEVA, IL 60	ST	e ( ) Addition	
Title: Name: Address: City-St-Zip:	BOYLAN, MICH	STREET, P.O BOX 705	1	Title: Name: Address: City-St-Zip:	( )	Chang	e ( ) Addition	
Title: Name: Address:	( )	Delete	1	Title: Name: Address:	S () STACEY, JANIS 1000 ATI ANTIC	3	e (X) 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.

City-St-Zip:

SIGNATURE: MICHAEL G. BOYLAN AS 04/15/2009

WEST CHICAGO, IL 60185