


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # F96000001094	
1. Entity Name DRENDEL, INC.	

Principal Place of Business 1 N. OLD STATE CAPITOL PLAZA, #501 SPRINGFIELD, IL 62701	Mailing Address 1 N. OLD STATE CAPITOL PLAZA, #501 SPRINGFIELD, IL 62701
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01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 37-1349948	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NAPLES-LAWDOCK, INC. % KIMBERLY LEACH JOHNSON 1395 PANTHER LANE STE 300 NAPLES, FL 34109-7874	DO NOT WRITE IN THIS SPACE
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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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC NELSON, DONNA L 1100 ORENDORFF PKWY. SPRINGFIELD, IL 62704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BUECKER, JANICE L 1550 S. KOKE MILL RD. SPRINGFIELD, IL 62707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DRENDEL, LEE S 3100 OLD JACKSONVILLE RD. SPRINGFIELD, IL 62704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/28/05-80021-006 150.00

**DO NOT WRITE
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)(f), 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: Donna L. Nelson, Pres. March 21, 2005 217-787-4184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #