

2007 FOR PROFIT CORPORATION ANNUAL REPORT


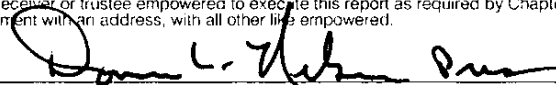
FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90114 020 ***150.00

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01182007 Chg-P CR2E034 (12/06)

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|---|--|---|--|--|--|
| 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 | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 37-1349948 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| NAPLES-LAWDOCK, INC. % KIMBERLY LEACH JOHNSON 1395 PANTHER LANE STE 300 NAPLES, FL 34109-7874 | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small> DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PSCD NELSON, DONNA L 1100 ORENDORFF PKWY. SPRINGFIELD, IL 62704 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 18 Island Bay Lane Springfield, Illinois 62712 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD DRENDEL, LEE S 3100 OLD JACKSONVILLE RD. SPRINGFIELD, IL 62704 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| 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 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE:  | | 1-20-07 | | (217) 787-4184 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |
| Donna L. Nelson, President | | | | | |

2007 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

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

60012307

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01182007 Chg-P CR2E034 (12/06)

City & State

City & State

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Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NAPLES-LAWDOCK, INC.
% KIMBERLY LEACH JOHNSON
1395 PANTHER LANE STE 300
NAPLES, FL 34109-7874

Name

Street Address (P.O. Box Number is Not Acceptable)

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FL

Zip Code

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Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when terminating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

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10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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NELSON, DONNA L
1100 ORENDORFF PKWY.
SPRINGFIELD, IL 62704 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
18 Island Bay Lane
Springfield, Illinois 62712 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
DRENDEL, LEE S
3100 OLD JACKSONVILLE RD.
SPRINGFIELD, IL 62704 ☐ Delete

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-07

Date

(217) 787-4184

Daytime Phone #

Donna L. Nelson, President