


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2006 8:00 am**  
**Secretary of State**

01-24-2006 90009 036 \*\*\*150.00

<b>DOCUMENT # F96000001145</b> 1. Entity Name <b>BALL HORTICULTURAL COMPANY</b>	
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Principal Place of Business <b>622 TOWN RD WEST CHICAGO, IL 60185</b>	Mailing Address <b>622 TOWN RD WEST CHICAGO, IL 60185</b>
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**DO NOT WRITE IN THIS SPACE**



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>36-4031900</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD BALL, ANNA C 625 LAKE RD GLEN ELLYN, IL 60137	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOONMAN, CORNELIS 1029 ROBBINS COURT WHEATON, IL 60187	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RICKETTS, BARRIE L 2 S 334 SENECA DR WHEATON, IL 60187	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BILLINGS, W. TODD 3440 HEARTLAND DRIVE GENEVA, IL 60134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRAUENDORFER, TODD 704 WINGFOOT DRIVE NORTH AURORA, IL 60542	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEVENTRY, ANNE 1484 LANTERN CIRCLE NAPERVILLE, IL 60540	

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: Todd Fraendorfer Todd Fraendorfer 1/11/06 630-221-3600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #