

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # F96000001145	
1. Entity Name BALL HORTICULTURAL COMPANY	
Principal Place of Business 622 TOWN RD WEST CHICAGO, IL 60185	Mailing Address 622 TOWN RD WEST CHICAGO, IL 60185



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4031900	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000812501
02/12/08-80052-002 150.00

10. OFFICERS AND DIRECTORS

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	CC SAEGER, SHANNON 857 STERLING AVENUE GENEVA, IL 60134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BILLINGS, W. TODD 3440 HEARTLAND DRIVE GENEVA, IL 60134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCS 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

**DO NOT WRITE
IN THIS SPACE**

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 Frauendorfer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Todd Frauendorfer 1-31-08

Date

630-231-3600

Daytime Phone #