2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 04, 2004 8:00 am Secretary of State

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	1. Entity Nam	MENT # F9600003(onsulting, Inc.	089			2 V 1 200 T 7	130	.00	
-	Principal Place of Business Mailing Address				24007015				
	250 E. ILLINOIS ROAD LAKE FOREST, IL 60045 US 250 E. ILLINOIS ROAD LAKE FOREST, IL 60045			5 US	24007615				
	2. Principal Place of Business 3. Mailing Address 400 North Shore DRIVE 900 North Shore			has Dave					
ŀ	Suite, Apt. #, etc. Suite # 280		Suite, Apt. #, etc. Suite # 280		01072004	Chg-P	CR2E034 (10/03)		
Ì	City,& State		City & State		4. FEI Number		Ap	plied For	
-	LAKE Bluff, IL		Lake Bloff, IL		36-38000	37		t Applicable	
	20600	1 2 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2	le oostet	Country States			See Required		
╬	_6. Name and Address of Current Registered Agent Name				7. Name and Ad	Idress of New Re	egistered Agent		
Ì	ENGEL, RONALD K								
	5433 TWIN CREEKS DR. VALRICO, FL 33594			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
l	VALINOO,	1 L 33034							
1				City			FL Zip Code	 €	
ł	8. The above	The above named entity submits this statement for the purpose of changing its registered office or registere				n the State of Flor		and accept	
l	the obligations of registered agent.							·	
١	SIGNATURE CONFIDENCE CONTROL AND SIGNATURE OF PROPERTY OF A SIGNATURE (NOTE: Registered Agent signature required w								
		Signature, typed or printed name of registered agent a	no title if applicable. (NO E:	Hegistered Agent signature requ	red when reinstating)		DATE		
	FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campaig Trust Fund Contri		5.00 May Be dded to Fees				
-	10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CH	IANGES TO OFFI	CERS AND DIRECTORS	S IN 11	
(TITLE	PDST	☐ Delete	TITLE			☐ Change	Addition	
Į	NAME STREET ADDRESS	ENGEL, ANDRE L 187 N. RIDGE ROAD		NAME Street Address					
	CITY-ST-ZIP	LAKE FOREST, IL 60045		CITY-ST-ZIP					
Ī	TITLE	CEO	☐ Delete	TITLE			☐ Change	Addition	
1	NAME STREET ADDRESS	ENGEL, PAMELA T 187 N. RIDGE ROAD		NAME					
	CITY-ST-ZIP	LAKE FOREST, IL 60045		STREET ADDRESS CITY-ST-ZIP					
j	TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
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Ì	TITLE		☐ Delete	TITLE		·	☐ Change	☐ Addition	
	NAME			NAME					
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ł	TITLE	<u></u>	☐ Delete	TITLE			☐ Change	☐ Addition	
l	NAME			NAME		•	Ghange		
	STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS					
	TITLE		□ P-1	CITY-ST-ZIP			П а		
1	NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
ļ	STREET ADDRESS			STREET ADDRESS					
ļ	CITY-ST-ZIP			CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 tike empowered.

SIGNATURE: Andre L. Engel Collins SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

Date