

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # F96000003185

1. Entity Name

WESTCHESTER GROUP, INC. OF ILLINOIS



Principal Place of Business

2407 S NEIL ST
CHAMPAIGN IL 61820
US

Mailing Address

PO BOX 3009
CHAMPAIGN IL 61826-3009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

37-1194050

Applied For

Not Applicable

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

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

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

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME POPE, RANDALL E
STREET ADDRESS 2110 WINTERHAVEN
CITY- ST- ZIP JONESBORO AR 72404

TITLE V
NAME YAGER, LOWELL L
STREET ADDRESS 2412 BRANCH RD.
CITY- ST- ZIP CHAMPAIGN IL 61821

TITLE S
NAME KNIGHT, JAMIE L
STREET ADDRESS 4309 CRAYTON RD
CITY- ST- ZIP NAPLES FL 34103

TITLE DC
NAME WISE, MURRAY R
STREET ADDRESS 4309 CRAYTON RD
CITY- ST- ZIP NAPLES FL 34103

TITLE D
NAME MORTENSEN, RON
STREET ADDRESS P.O BOX 692 N/A
CITY- ST- ZIP FT DODGE IA

TITLE
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CITY- ST- ZIP

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STREET ADDRESS
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 like empowered

SIGNATURE:

LOWELL L. YAGER, J.P.

Date

Daytime Phone #

1-26-05

217/352-6000