2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# F96000003185

Entity Name: WESTCHESTER GROUP, INC. OF ILLINOIS

Current Principal Place of Business:

2004 FOX DR
STE 6
CHAMPAIGN, IL 61820 US

New Principal Place of Business:

2004 FOX DR
STE LS
CHAMPAIGN, IL 61820 US

Current Mailing Address:

PO BOX 3009
CHAMPAIGN, IL 618263009

New Mailing Address:

FEI Number: 37-1194050 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: POPE, RANDALL E
Address: 2110 WINTERHAVEN
City-St-Zip: JONESBORO, AR 72404

Title: S ( ) Delete
Name: KNIGHT, JAMIE L
Address: 4309 CRAYTON RD
City-St-Zip: NAPLES, FL 34103

Title: DC ( ) Delete
Name: WISE, MURRAY R
Address: 4309 CRAYTON RD
City-St-Zip: NAPLES, FL 34103

Title: D ( ) Delete
Name: MORTENSEN, RON
Address: P.O BOX 692 N/A
City-St-Zip: FT DODGE, IA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTIN L. WISE SECY 03/25/2009

Electronic Signature of Signing Officer or Director Date