

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90029 030 ***150.00

DOCUMENT # F96000005468

1. Entity Name
PMG ASSET MANAGEMENT, INC.



Principal Place of Business

2500 WESTFIELD DR
ELGIN, IL 60123

Mailing Address

2500 WESTFIELD DR
ELGIN, IL 60123 US

40023440



01292008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

1707 N RANDALL ROAD

Suite, Apt. #, etc.

310

3. Mailing Address

1707 N RANDALL ROAD

Suite, Apt. #, etc.

310

City & State

ELGIN, IL

Zip Country

60123

City & State

ELGIN, IL

Zip Country

60123

4. FEI Number

13-3909246

Applied For

Not Applicable

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 RD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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 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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	KING, CAROLYN	
STREET ADDRESS	2500 WESTFIELD DRIVE	
CITY-ST-ZIP	ELGIN, IL 60124	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	DEBNAR, LAWRENCE	
STREET ADDRESS	2500 WESTFIELD DRIVE	
CITY-ST-ZIP	ELGIN, IL 60124	
TITLE	CCO	<input checked="" type="checkbox"/> Delete
NAME	BRYANT, LAURA N	
STREET ADDRESS	2500 WESTFEILD DRIVE	
CITY-ST-ZIP	ELGIN, IL 60124	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARRETT, THOMAS R	
STREET ADDRESS	2500 WESTFIELD DRIVE	
CITY-ST-ZIP	ELGIN, IL 60124	
TITLE	SEC	<input checked="" type="checkbox"/> Delete
NAME	BRYANT, LAURA N	
STREET ADDRESS	2500 WESTFIELD DRIVE	
CITY-ST-ZIP	ELGIN, IL 60124	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1707 N. RANDALL ROAD STE 310
CITY-ST-ZIP	ELGIN, IL 60123
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1707 N. RANDALL ROAD STE 310
CITY-ST-ZIP	ELGIN, IL 60123
TITLE	CCO, SEC. D.
NAME	STEVE M. CALLAWAY
STREET ADDRESS	1707 N. RANDALL ROAD STE 310
CITY-ST-ZIP	ELGIN, IL 60123
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1707 N. RANDALL ROAD STE 310
CITY-ST-ZIP	ELGIN, IL 60123
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/2008 847-930-7872
Date Daytime Phone #