


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90360 019 ***150.00

DOCUMENT # F96000006312

1. Entity Name
AMERICAN ADMINISTRATIVE GROUP, INC.



Principal Place of Business Mailing Address
2 PIERCE PLACE **2 PIERCE PLACE**
ITASCA, IL 60143 **ITASCA, IL 60143**

2. Principal Place of Business 3. Mailing Address
750 Warrenville Rd. **750 Warrenville Rd.**

Suite, Apt. #, etc. Suite, Apt. #, etc.
#200 **#200**

City & State City & State
Lisle, IL **Lisle, IL**

Zip Country Zip Country
60532 **USA** **60532** **USA**

40042750



03162006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
36-4099199 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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 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, 2006 Fee will be \$550.00

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 | DC | <input checked="" type="checkbox"/> Delete | | TITLE | D, CEO, Chairman | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | DURKIN, JAMES W JR | | | NAME | PARKER, TED L. | | |
| STREET ADDRESS | 2 PIERCE PLACE | | | STREET ADDRESS | 2002 WEST LOOP 289, SUITE 108 | | |
| CITY-ST-ZIP | ITASCA, IL 60143 | | | CITY-ST-ZIP | LUBBOCK, TX 79407 | | |
| TITLE | DP | <input type="checkbox"/> Delete | | TITLE | D, CFO, EVP, Treas, Sec | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | FANSLER, GARY R | | | NAME | DEMBERECKYJ, WILLIAM | | |
| STREET ADDRESS | 2 PIERCE PLACE | | | STREET ADDRESS | 2002 WEST LOOP 289, SUITE 108 | | |
| CITY-ST-ZIP | ITASCA, IL | | | CITY-ST-ZIP | LUBBOCK, TX 79407 | | |
| TITLE | VS | <input checked="" type="checkbox"/> Delete | | TITLE | P | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | ROSENGREN, JOHN C | | | NAME | FANSLER, GARY R. | | |
| STREET ADDRESS | 2 PIERCE PLACE | | | STREET ADDRESS | 750 WARRENVILLE RD SUITE 200 | | |
| CITY-ST-ZIP | ITASCA, IL 60143 | | | CITY-ST-ZIP | LISLE, IL 60532 | | |
| TITLE | CFO | <input checked="" type="checkbox"/> Delete | | TITLE | V, GEN COUNSEL | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | CARAHER, JOHN J | | | NAME | BUTTS, DIANA F. | | |
| STREET ADDRESS | 2 PIERCE PLACE | | | STREET ADDRESS | 130 EAST WILSON BRIDGE RD #310 | | |
| CITY-ST-ZIP | ITASCA, IL 60143 | | | CITY-ST-ZIP | WORTHINGTON, OH 43085 | | |
| TITLE | T | <input checked="" type="checkbox"/> Delete | | TITLE | ASSISTANT SEC | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | LAZZARO, JACK H | | | NAME | HEDLUND, MICHAEL | | |
| STREET ADDRESS | TWO PIERCE PL | | | STREET ADDRESS | 2002 WEST LOOP 289, SUITE 108 | | |
| CITY-ST-ZIP | ITASCA, IL 60143 | | | CITY-ST-ZIP | LUBBOCK, TX 79407 | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 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: _____ **Diana F. Butts, Vice President** **3/28/06** **(614) 854-0831**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #