

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90004 009 ***150.00

00020810



02072006 No Chg-P CR2E034 (11/05)

4. FEI Number
43-1770822

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

TITLE P
NAME HORTON, BRUCE
STREET ADDRESS 13 WOODS HILL DR
CITY-ST-ZIP TOWN & COUNTRY, MO 63017

TITLE TS
NAME DUELLO, GREG
STREET ADDRESS 416 WOODSTREAM
CITY-ST-ZIP ST CHARLES, MO 63304

TITLE V
NAME BEUBE, L. GENE
STREET ADDRESS 117 WEST HICKORY
CITY-ST-ZIP HINSDALE, IL 60521

TITLE D
NAME HERENCIA, ROBERTO R
STREET ADDRESS 9600 BRNY MOWR
CITY-ST-ZIP ROSEMONT, IL 60018

TITLE D
NAME JUNQUERA, JORGE A
STREET ADDRESS 9600 BRNY MOWR
CITY-ST-ZIP ROSEMONT, IL 60018

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

GREG DUELLO

2-10-06

636 391077