

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 13, 2005 8:00 am**  
**Secretary of State**

07-13-2005 90014 027 \*\*\*158.75

<b>DOCUMENT # F97000004203</b> 1. Entity Name <b>FRDK, INC.</b>					
Principal Place of Business <b>1200 LAKESIDE DR. BANNOCKBURN, IL 60015 US</b>			Mailing Address <b>1200 LAKESIDE DR. BANNOCKBURN, IL 60015 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>13-3842940</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GEVP <b>MCMICHAEL, RICHARD D D</b> <b>1200 LAKESIDE DR.</b> <b>BANNOCKBURN, IL 60015</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>FITZ, LINDA R.</b> <b>1200 LAKESIDE DR</b> <b>BANNOCKBURN IL 60015</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP <b>PAPARELLA, WILLIAM F AS</b> <b>1200 LAKESIDE DR.</b> <b>BANNOCKBURN, IL 60015</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>QUINLAN, THOMAS J III</b> <b>77 WEST WACKER DRIVE</b> <b>CHICAGO, IL 60601</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCAO <b>THEOPHILOS, THEODORE J S</b> <b>77 WEST WACKER DRIVE</b> <b>CHICAGO, IL 60601</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP <b>SMITH, KEVIN J CAO</b> <b>77 WEST WACKER DRIVE</b> <b>CHICAGO, IL 60601</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>EVF</b> <b>RICHTER, GLENN R</b> <b>77 W. WACKER DR.</b> <b>CHICAGO IL 60601</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GEVP <b>SAVINE, CHRISTOPHER M</b> <b>77 WEST WACKER DRIVE</b> <b>CHICAGO, IL 60601</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Linda R. Fitz</u> <b>LINDA R. FITZ V.A. U.S. TAX</b> <u>4/22/05</u> <u>847-607-6252</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

20063224



04202005 Chg-P CR2E034 (10/03)



ATTACHMENT  
20063224

Moore Wallace North America, Inc.  
Tax Department 304-W  
1200 Lakeside Drive  
Bannockburn, IL 60015

July 7, 2005

Florida Department of State  
Division of Corporations  
PO Box 1500  
Tallahassee FL 32302-1500

Dear Sir/Madam:

**Re: FRDK, Inc.**  
**Reference Number F97000004203**

Please find enclosed a check in the amount of \$158.75. This is a replacement check for check number 10068597 which was sent when the annual report was originally filed. A copy of the original check is also enclosed. A stop payment has been placed on the original check.

Since we did enclose payment with the original filing we request that you abate any late fees or penalties which may be due.

Very Truly Yours,  
Moore Wallace North America, Inc.

A handwritten signature in black ink, appearing to read 'Beverly K. Kutnick'.

Beverly K. Kutnick  
Senior Tax Accountant



ATTACHMENT

**Fax ONLY Statement History to (203) 406-3293**

VENDOR NUMBER	ISSUE DATE	CHECK NUMBER
0001040850	04/20/2005	10068597

000010  
525640

INVOICE NUMBER	GROSS AMOUNT	DISCOUNT AMOUNT	NET AMOUNT
15FRDKFLANNRE	158.75	0.00	158.75
05 FROM FL ANN RE			

<b>INVOICE NUMBER</b>	<b>GROSS AMOUNT</b>	<b>DISCOUNT AMOUNT</b>	<b>NET AMOUNT</b>
---	<b>158.75</b>	<b>0.00</b>	<b>158.75</b>

**REMOVE DOCUMENT ALONG THIS PERFORATION**

**THIS DOCUMENT IS PRINTED IN TWO COLORS. DO NOT ACCEPT UNLESS BLUE AND BROWN ARE PRESENT.**



**Bank One, N.A.**  
Columbus, OH

56-1546  
441

**CHECK NUMBER**  
**10068597**

VENDOR NUMBER	INVOICE DATE	CHECK NUMBER
0001040850	04/20/2005	10068597

AMOUNT	UNIT
\$158.75	USD

**PAY: One Hundred Fifty-Eight and 75/100 Dollars**

TO THE FLORIDA DEPARTMENT OF STATE  
ORDER OF P. O. BOX 1500  
TALLAHASSEE FL 32302-1500

Robert G. Kilderslee

**Authorized Signatures**

**FRON, INC.**

Visit us @ <http://www.moorewallace.com>

Doc # F97000004203

## 2005 ANNUAL REPORT

"0010068597" :044115443: 633548664"



## Moore Wallace

One Canterbury Green 5th Floor  
Stamford, Connecticut 06901

0001040850  
10068597

FLORIDA DEPARTMENT OF STATE  
P. O. BOX 1500  
TALLAHASSEE FL 32302-1500