


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006 8:00 am
Secretary of State

02-28-2006 90014 041 ***158.75

DOCUMENT # F97000004203 1. Entity Name FRDK, INC.					
Principal Place of Business 1200 LAKESIDE DR. BANNOCKBURN, IL 60015 US			Mailing Address 1200 LAKESIDE DR. BANNOCKBURN, IL 60015 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 13-3842940	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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 _____ (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 <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V- FITZ, LINDA R 1200 LAKESIDE DR BANNOCKBURN, IL 60015	<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	SVP PAPARELLA, WILLIAM F AS 1200 LAKESIDE DR. BANNOCKBURN, IL 60015	<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 QUINLAN, THOMAS J III 77 WEST WACKER DRIVE CHICAGO, IL 60601	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 99 PARK AVE 12th FLOOR NEW YORK NY 10016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCAO THEOPHILOS, THEODORE J S 77 WEST WACKER DRIVE CHICAGO, IL 60601	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D 5 111 S. WACKER DR. CHICAGO IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP RICHTER, GLENN R 77 W WROKER DR CHICAGO, IL 60601	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 111 S. WACKER DR. CHICAGO IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GEVP SAVINE, CHRISTOPHER M 77 WEST WACKER DRIVE CHICAGO, IL 60601	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V T KELDERHOUSE, ROBERT J. 111 S. WACKER DR. CHICAGO IL 60606
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: <u>Linda R Fitz</u> LINDA R. FITZ V.P. TAX 2/23/06 847-607-6252 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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