

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # F97000005367

1. Entity Name
MONARCH IMPORT COMPANY



Principal Place of Business

**55 E. MONROE ST.
CHICAGO, IL 60603**

Mailing Address

**55 E. MONROE ST.
CHICAGO, IL 60603**



02072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **36-3539106** 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 ROAD
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	V
NAME	HACKETT, WILLIAM
STREET ADDRESS	296 N PARK
CITY-STATE-ZIP	GLEN ELLYN, IL
TITLE	PO
NAME	BERK, ALEXANDER L
STREET ADDRESS	491 WASHINGTON AVE.
CITY-STATE-ZIP	GLENCOE, IL 60022
TITLE	T
NAME	CHRISTENSEN, TROY
STREET ADDRESS	1632 OAKLEY
CITY-STATE-ZIP	CHICAGO, IL 60647
TITLE	V
NAME	RYAN, JAMES P
STREET ADDRESS	112 HUDSON CT.
CITY-STATE-ZIP	NAPERVILLE, IL 60565
TITLE	S
NAME	KUTYLA, ELIZABETH Y
STREET ADDRESS	1821 OAKDALE
CITY-STATE-ZIP	CHICAGO, IL 60657
TITLE	V
NAME	KWONG, JENNIFER
STREET ADDRESS	1929 PLEASANT HILL DRIVE
CITY-STATE-ZIP	NAPERVILLE, IL 60532

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03/03/06-80026-021 150.00

**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

TROY CHRISTENSEN

2/07/06

Date

312-346-9200

Daytime Phone #