
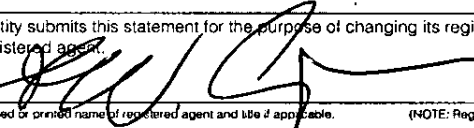
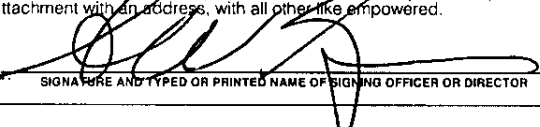


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90042 029 ***150.00

DOCUMENT # F97000005692							
1. Entity Name RANDOLPH PACKING CO.							
Principal Place of Business 275 ROMA JEAN PKWY STREAMWOOD, IL 60107-2964			Mailing Address 275 ROMA JEAN PKWY STREAMWOOD, IL 60107-2964				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 36-2742176	Applied For Not Applicable		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
CARMIGNANI, A W 41 EAST PELICAN ST NAPLES, FL 34113-Isle of Capri, FL. 34113			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			State	Zip Code
			Isle of Capri			FL	34113
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 3/15/05			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PCT	<input checked="" type="checkbox"/> Delete	TITLE	Carmignani, A.W.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARMIGNANI, A W		NAME	41 East Pelican St.			
STREET ADDRESS	41 EAST PELICAN ST.		STREET ADDRESS	Isles of Capri, FL 34113			
CITY-ST-ZIP	NAPLES, FL 34113		CITY-ST-ZIP				
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	Carmignani, Angelo B.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARMIGNANI, ANGELO B		NAME	785 Dove Court			
STREET ADDRESS	5802 GLENCOVE DRIVE		STREET ADDRESS	Marco Island, FL 34145			
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP				
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				
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				
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 exemption stated in Section 119.07(3)(i), 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:				DATE 3/15/05			
Signature and typed or printed name of signing officer or director				Daytime Phone # 239 292 8624			