2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# F97000006060

Entity Name: WINDOLPH REALTY CO., INC.

Current Principal Place of Business:

57 WHITE OAK CIRCLE
ST CHARLES, IL 60174

New Principal Place of Business:

Current Mailing Address:

57 WHITE OAK CIRCLE
ST CHARLES, IL 60174

New Mailing Address:

FEI Number: 13-1477980 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STRAWN, JOEL T
54 N.E. 4TH AVENUE
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete
Name: BROEK, HOWARD W
Address: 57 WHITE OAK CIRCLE
City-St-Zip: ST CHARLES, IL

Title: VD ( ) Delete
Name: GILLIAN, GENTILE
Address: 3501 ABBEYWOOD CT
City-St-Zip: CARPENTERSVILLE, IL 60110

Title: ST ( ) Delete
Name: SCHNELL, JENNIFER
Address: 6N066 HILLRIDE AVE
City-St-Zip: SAINT CHARLES, IL 60175

Title: VD ( ) Delete
Name: STEMPEL, CATHERINE
Address: 5485 HEDGEWICK WAY
City-St-Zip: CUMMING, GA 30040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL T. STRAWN RA 01/29/2009

Electronic Signature of Signing Officer or Director Date