


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # F97000006644	
1. Entity Name SENIOR OPERATIONS INC.	

Principal Place of Business 300 EAST DEVON AVENUE BARTLETT, IL 60103	Mailing Address 300 EAST DEVON AVENUE BARTLETT, IL 60103
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03302006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 94-2918781	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when rotating)  
Signature, typed or printed name of registered agent and title if applicable 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 NAME STREET ADDRESS CITY-ST-ZIP	VT WILLIAMS, KEVIN 300 EAST DEVON AVENUE BARTLETT, IL 60103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHEPPARD, MICHAEL W 300 EAST DEVON AVENUE BARTLETT, IL 60103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MENZIES, GRAHAM R 59181 HIGH ST. RICKMANSWORTH, UK
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, LARRY E 301 GRANT STREET PITTSBURGH, PA 152191410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEPPARD, MICHAEL W 300 E DEVON AVE BARTLETT, IL 60103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000499055  
04/24/06-80008-010 150.00

**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:  Kevin Williams  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 630-372-3003  
Daytime Phone #