

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90206 046 ***150.00

DOCUMENT # F98000000446

1. Entity Name
ELEVON, INC.



Principal Place of Business
500 NICKERSON ROAD
MARLBOROUGH, MA 01752-4660

Mailing Address
100 STAPLES DRIVE
C/O SSA GLOBAL
FRAMINGHAM, MA 01702

40000120

2. Principal Place of Business
500 West Madison

3. Mailing Address
500 Nickerson Rd.

Suite, Apt. #, etc.
90 SSA Global

Suite, Apt. #, etc.
90 SSA Global

04042006 Chg-P CR2E034 (11/05)

City & State
Chicago IL

City & State
Marlborough MA

4. FEI Number
95-2862954

Applied For
Not Applicable

Zip
60661

Country
USA

Zip
01752

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME DP
STREET ADDRESS ISAACSON, KIRK
CITY-ST-ZIP 500 W MADISON
CHICAGO, IL 60661 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME T
STREET ADDRESS EARHART, STEPHEN
CITY-ST-ZIP 500 W MADISON
CHICAGO, IL 60661 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME S
STREET ADDRESS HICKEL, SUSAN
CITY-ST-ZIP 500 W MADISON
CHICAGO, IL 60661 ☒ Delete

TITLE
NAME S
STREET ADDRESS GWEN A. Nielsen
CITY-ST-ZIP 500 W. MADISON
Chicago IL 60661 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

4/7/06

508/573-1842