

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 10, 2005 8:00 am
Secretary of State

05-10-2005 90111 044 ***150.00

DOCUMENT # F98000001491

1. Entity Name
FORSYTHE SOLUTIONS GROUP, INC.



Principal Place of Business
**7770 FRONTAGE ROAD
SKOKIE, IL 60077**

Mailing Address
**7770 FRONTAGE ROAD
SKOKIE, IL 60077**



05042005 No Chg-P CR2E034 (10/03)

4. FEI Number
36-3337391

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD FORSYTHE, RICHARD A 25 FOX LANE WINNETKA, IL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WEISS, ALBERT L 127 CAMDEN COURT LINCOLNSHIRE, IL 60069
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HOFFMAN, R T 6150 NORTH AVERS CHICAGO, IL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS AVRICK, STEVEN M 2731 ORCHARD LANE WILMETTE, IL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO LOSACCO, EVA 650 DEERPATH ROAD LAKE FOREST, IL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/05

Date

(847) 213-7000

Daytime Phone #