

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000003452

FILED
Jan 11, 2006
Secretary of State

Entity Name: MMTD MANAGEMENT INC.

Current Principal Place of Business:

PO BOX 691
HARVARD, IL 60033

New Principal Place of Business:

615 CHIPPEWA DRIVE
HARVARD, IL 60033

Current Mailing Address:

PO BOX 691
HARVARD, IL 60033

New Mailing Address:

FEI Number: 59-3516463 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD () Delete
Name: SABEL, DAVID G
Address: 615 CHIPPEWA ROAD
City-St-Zip: HARVARD, IL 60033

Title: EVTD () Delete
Name: SCHRODER, WOLFGANG
Address: AM KLINGELBACH 2/D-58730 FRONDENBERG
City-St-Zip: GERMANY,

Title: S () Delete
Name: THIEDMANN, KLAUS U
Address: 30 S. WACKER DR #2810
City-St-Zip: CHICAGO, IL 60606

Title: D () Delete
Name: STEINRUCK, INGEMAR
Address: AM KLINGELBACH 2/ D-58730 FRONDENBERG
City-St-Zip: GERMANY,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: EVTD (X) Change () Addition
Name: SCHRODER, WOLFGANG
Address: AM KLINGELBACH 2
City-St-Zip: FRONDENBERG, GERMANY, DE 58730

Title: S (X) Change () Addition
Name: THIEDMANN, KLAUS U
Address: 222 S RIVERSIDE PLAZA, SUITE 1410
City-St-Zip: CHICAGO, IL 60606

Title: D (X) Change () Addition
Name: STEINRUECK, INGEMAR
Address: AM KLINGELBACH 2
City-St-Zip: FRONDENBERG, GERMANY, DE 58730

I hereby certify that the information supplied with this filing does not qualify for the 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: KLAUS U. THIEDMANN

S

01/11/2006

Electronic Signature of Signing Officer or Director

_____ Date