

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000003452

Entity Name: MMTD MANAGEMENT INC.

FILED  
Jan 08, 2009  
Secretary of State

## Current Principal Place of Business:

615 CHIPPEWA DRIVE  
HARVARD, IL 60033

## New Principal Place of Business:

## Current Mailing Address:

525 W. MONROE STREET  
SUITE 2360  
CHICAGO, IL 60661 US

## New Mailing Address:

PO BOX 691  
HARVARD, IL 60033 US

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 DRIVE  
City-St-Zip: HARVARD, IL 60033

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

Title: S ( ) Delete  
Name: THIEDMANN, KLAUS U  
Address: 525 W. MONROE STREET, SUITE 2360  
City-St-Zip: CHICAGO, IL 60661 US

Title: D ( ) Delete  
Name: STEINRUECK, INGEMAR  
Address: AM KLINGELBACH 2  
City-St-Zip: FROENDENBERG, GERMANY, DE 58730

## 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: DAVID G SABEL

PD

01/08/2009

Electronic Signature of Signing Officer or Director

Date