

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90411 012 ***150.00

DOCUMENT # F98000003554

1. Entity Name
OAKBROOK PROPERTIES, INC.



Principal Place of Business

**1600 E MAIN ST STE B
ST CHARLES, IL 60174**

Mailing Address

**1600 E MAIN ST STE B
ST CHARLES, IL 60174**

50012765



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

59-3514731

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

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 PD
NAME MCARDLE, DAVID A ☐ Delete
STREET ADDRESS 4051 E. MAIN STREET
CITY-ST-ZIP SAINT CHARLES, IL 60174

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

TITLE VCV
NAME SCARLATI, FRANK S JR ☐ Delete
STREET ADDRESS TWO TRANSAM PLAZA, SUITE 200
CITY-ST-ZIP OAKBROOK TERRACE, IL 60181

TITLE V/D ☒ Change ☐ Addition
NAME Scarlati, Frank S. Jr.
STREET ADDRESS Two Transam Plaza, Suite 200
CITY-ST-ZIP Oakbrook Terrace, IL 60181

TITLE SD
NAME KELLY, THOMAS J ☒ Delete
STREET ADDRESS 1600 E. MAIN STREET
CITY-ST-ZIP SAINT CHARLES, IL 60174

TITLE S/D ☐ Change ☒ Addition
NAME Welty, Rodney A.
STREET ADDRESS 1600 E. Main Street, Suite B
CITY-ST-ZIP St. Charles, IL 60174

TITLE V ☒ Delete
NAME DILLON, RONALD C
STREET ADDRESS P.O. BOX 366879
CITY-ST-ZIP BONITA SPRINGS, FL 34136

TITLE V ☐ Change ☒ Addition
NAME Dewhirst, Ned E.
STREET ADDRESS P.O. Box 366879
CITY-ST-ZIP Bonita Springs, FL 34136

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Rodney A. Welty

4-18-06

630.584.6580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #