

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90085 024 ***150.00

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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**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04092008

Chg-P

CR2E034 (12/06)

4. FEI Number

59-3514731

Applied For

Not Applicable

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE VD ☒ Delete
NAME SCARLATI, FRANK S JR
STREET ADDRESS 1600 E. MAIN STREET, SUITE B
CITY-ST-ZIP SAINT CHARLES, IL 60174

TITLE SD ☐ Delete
NAME WELTY, RODNEY A
STREET ADDRESS 1600 E MAIN ST., SUITE B
CITY-ST-ZIP SAINT CHARLES, IL 60174

TITLE V ☐ Delete
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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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, Corp Secretary 4-14-08 6305846580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #