

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90012 013 ***150.00

DOCUMENT # F98000003942

1. Entity Name
SPRUZZI, INC.



Principal Place of Business
9600 W. BRYN MAWR, STE. 600
ROSEMONT, IL 60018 US

Mailing Address
9600 W. BRYN MAWR, STE. 600
ROSEMONT, IL 60018 US

24005338



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
36-2900892

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

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

7. Name and Address of New Registered Agent

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, 2004 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 ☒ Delete
NAME ZUBRICKI, FRANK
STREET ADDRESS 9600 W. BRYN MAWR, STE. 600
CITY-ST-ZIP ROSEMONT, IL 60018

TITLE PD ☐ Change ☒ Addition
NAME R. Dennis Smith
STREET ADDRESS 9600 W. Bryn Mawr, Ste. 600
CITY-ST-ZIP Rosemont, IL 60018-5203

TITLE AS ☐ Delete
NAME DEMOS, JAMES T
STREET ADDRESS 9600 W. BRYN MAWR, STE. 600
CITY-ST-ZIP ROSEMONT, IL 60018

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

TITLE ASD ☐ Delete
NAME BRADY, PATRICIA
STREET ADDRESS 9600 W. BRYN MAWR, STE. 600
CITY-ST-ZIP ROSEMONT, IL 60018

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

TITLE ST ☐ Delete
NAME DONOVAN, TERRY
STREET ADDRESS 9600 W. BRYN MAWR, STE. 600
CITY-ST-ZIP ROSEMONT, IL 60018

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

TITLE D ☐ Delete
NAME MARRESE, FRANK L
STREET ADDRESS 9600 W. BRYN MAWR, STE. 600
CITY-ST-ZIP ROSEMONT, IL 60018

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

TITLE AS ☐ Delete
NAME DUHL, STUART
STREET ADDRESS 401 N. MICHIGAN AVE., STE. 1900
CITY-ST-ZIP CHICAGO, IL 60611

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 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

1/28/04

Date

847-994-6000

Daytime Phone #