2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2009
Secretary of State

DOCUMENT# F98000003942

Entity Name: SPRUZZI, INC.

Current Principal Place of Business:

9525 W. BRYN MAWR AVE
STE 900
ROSEMONT, IL 60018 US

New Principal Place of Business:

Current Mailing Address:

9525 W. BRYN MAWR AVE
STE 900
ROSEMONT, IL 60018 US

New Mailing Address:

FEI Number: 36-2900892 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MARRESE, FRANK L
Address: 9525 W BRYN MAWR AVE. STE. 900
City-St-Zip: ROSEMONT, IL 60018 US

Title: AS (X) Delete
Name: SPREEMAN, LINDA
Address: 9525 W. BRYN MAWR AVE. STE. 900
City-St-Zip: ROSEMONT, IL 60018 US

Title: ASD ( ) Delete
Name: BRADY, PATRICIA
Address: 9525 W. BRYN MAWR AVE. STE. 900
City-St-Zip: ROSEMONT, IL 60018 US

Title: ST ( ) Delete
Name: DONOVAN, TERRY
Address: 9525 W. BRYN MAWR AVE. STE. 900
City-St-Zip: ROSEMONT, IL 60018 US

Title: AS ( ) Delete
Name: DUHL, STUART
Address: 333 W WACKER DR
City-St-Zip: CHICAGO, IL 60606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: ASD (X) Change ( ) Addition
Name: BRADY, PATRICIA E
Address: 9525 W. BRYN MAWR AVE. STE. 900
City-St-Zip: ROSEMONT, IL 60018 US

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: PATRICIA E BRADY AS 02/11/2009

Electronic Signature of Signing Officer or Director Date