

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90168 048 \*\*\*150.00

**DOCUMENT # F99000001472**

1. Entity Name  
**IMACX, INC.**



Principal Place of Business

**209 S LASALLE ST  
STE 300  
CHICAGO, IL 60604**

Mailing Address

**209 S LASALLE ST  
STE 300  
CHICAGO, IL 60604**

**50047522**



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

04212005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**41-1929210**

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

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, 2005 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 D ☐ Delete  
NAME CHRISTIOPHER, SHERYL  
STREET ADDRESS 60 LIVINGSTON AVE 3RD FLOOR  
CITY-ST-ZIP SAINT PAUL, MN 551072292

TITLE ☒ Change ☐ Addition  
NAME Sheryl Christopherson  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME KAPLAN, EVE  
STREET ADDRESS 60 LIVINGSTON AVE, 3RD FLOOR  
CITY-ST-ZIP SAINT PAUL, MN 551072292

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

TITLE P ☐ Delete  
NAME CHILD, PATRICIA M  
STREET ADDRESS 209 S. LASALLE ST STE 300  
CITY-ST-ZIP CHICAGO, IL 60604

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

TITLE VP ☐ Delete  
NAME ROSAL, MELISSA A  
STREET ADDRESS 209 S. LASALLE ST STE 300  
CITY-ST-ZIP CHICAGO, IL 60604

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

TITLE D ☐ Delete  
NAME ARVIN, NANCY J  
STREET ADDRESS 209 S. LASALLE ST STE 300  
CITY-ST-ZIP CHICAGO, IL 60604

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 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: Patricia M. Child **PATRICIA M. CHILD, PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/05