

FILED Feb 23, 2007 08:00 Al Secretary of State

78-301-1110

DOCU 1. Entity Nam PRIME T		2				Secret	ary or S
Principal Plac 14200 S. PA LOCKPORT, I	ARKER ROAD 1	ailing Address 4200 S. PARKER ROAD OCKPORT, IL 60441					
DO NOT WRITE IN THIS SPAC				01252007 No Chg-P CR2E034 (11/05) 4. FEI Number			
	6. Name and Address of Current Regis D, LAWRENCE J Y STREET L 32726	DO NOT WRITE IN THIS SPACE					
the obligat	named entity submits this statement for the plions of registered agent. Signature, typed or printed name of registered agent and title		Led office or register		th, in the State of Flo	rida. I am familia	r with, and accept
C v 21 s, SMCFILL After M.	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		.00 May Be ed to Fees			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PC LIEPONIS, G. PETER 14200 S. PARKER ROAD LOCKPORT, IL 60441	John			U0000 03/06/07	0645998 -80011-02	24 150.80
NAME STREET ADDRESS CITY-ST-ZIP							
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					. •		. 1
TITLE NAME, STREET ADDRESS CITY-ST-ZIP				n 1			
12. I hereby of indicated of the corchanged,	certify that the information supplied with this fi on this report or supplemental report is true a poration or the receiver of trustee empoyered or on an attachment with an address, with al	iling does not qualify for the ex and accurate and that my signa d to execute this report as requi I other like empowered.	emptions contained ture shall have the s red by Chapter 607	l in Chapter 119 same legal effec , Florida Statute), Florida Statutes. I It as if made under o Is; and that my name	further certify tha ath; that I am an appears in Bloc	t the information officer or director k 10 or Block 11 if