## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Aug 12, 2004 8:00 am Secretary of State DOCUMENT # F99000004405 08-12-2004 90002 044 \*\*\*550 00 1. Entity Name MERCANTEC, INC. Principal Place of Business Mailing Address 54067957 900 E DICHL RD 900 E DICHL RD **STE 110** STE 110 NAPERVILLE, IL 60563 NAPERVILLE, IL 60563 07302004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 37-1354370 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEORPORATION SYSTEM CORPAGATION SERVICE DO NOT-WRITE 1209 COUTH PINE ISLAND ROAD 1201 Hays St. IN THIS SPACE Tallahassee, Fl 32301 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS 10. P C TITI F TAIT, BILL NAME STREET ADDRESS N120 W 16355 FREISTADT RD. GERMANTOWN, WI 53022 CITY-ST-ZIP Pan Watkins TITLE 900 E Diehl AD 1301 N. ELSTON AVE STREET ADDRESS EHICAGO, IL 60622 CITY-ST-ZIP Curt Sahakian goo E Piehi Rd. Sutt 110-14, 12 6056 TITLE NAME STREET ADDRESS 575 S. JULIAN DO NOT WRITE MAPERVILLE, IL 60540 CITY ST-ZIP IN THIS SPACE TITLE D John Flockenstein w 260 W 2914 steeplechuse K Pewantee, WI 53072 DYER, T. STEPHEN 200 N. LASALLE STREET ADDRESS MAICAGO, IL 60601 CITY-ST-ZIP TITLE al Turnauer NAME 1200 Yorkshire Dr. Naperville, IZ 60563 STREET ADDRESS CITY-ST-ZIP TITLE NIZO WI6355 Freistadt Rd. STREET ADDRESS 53022 Germonton, WI 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.

**FILED** 

(630) 305 -3200