2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004971

Entity Name: SKIPPER BUD'S OF ILLINOIS, INC.

FILED Apr 26, 2012 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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C/O HALIFAX HARBOR MARINA 450 BASIN STREET DAYTONA BEACH, FL 32114

Current Mailing Address: New Mailing Address:

215 NORTHPOINT DRIVE WINTHROP HARBOR, IL 60096

FEI Number: 39-1569150 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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

OFFICERS AND DIRECTORS:

Title: PD

Name: PRETASKY, MICHAEL J JR Address: 1030 SILVERNAIL ROAD City-St-Zip: PEWAUKEE, WI 53072

Title: SD

Name: SUCHOMEL, AMY P
Address: 1030 SILVERNAIL ROAD
City-St-Zip: PEWAUKEE, WI 53072

Title: VP

Name: WINDORSKI, TORY
Address: 215 NORTH POINT DRIVE
City-St-Zip: WINTHROP HARBOR, IL 60096

Title: CEO

Name: PRETASKY, MICHAEL J SR.
Address: 1030 SILVERNAIL ROAD
City-St-Zip: PEWAUKEE, WI 53072

Title: VF

Name: ELLERBROCK, MARK
Address: 215 NORTH POINT DRIVE
City-St-Zip: WINTHROP HARBOR, IL 60096

Title: VP

Name: DONARSKI, ANTHONY Address: 215 NORTH POINT DR

City-St-Zip: WINTHROP HARBOR, IL 60096

I hereby 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 all other like empowered.

SIGNATURE: TORY WINDORSKI VP 04/26/2012