


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90033 039 \*\*\*150.00

DOCUMENT # F99000005346			
1. Entity Name OSSCO, INC.			
Principal Place of Business 28W210 WARRENVILLE RD WARRENVILLE, IL 60555		Mailing Address P.O. BOX 1155 WARRENVILLE, IL 60555	
2. Principal Place of Business 2605 White Oak Circle Suite, Apt. #, etc. Unit C City & State Aurora, IL Zip 60504 Country USA		3. Mailing Address 2605 White Oak Circle Suite, Apt. #, etc. Unit C City & State Aurora, IL Zip 60504 Country USA	
4. FEI Number 36-3969478		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MALATESTA, JOHN 2205 FORSYTH RD UNIT M ORLANDO, FL 32807		7. Name and Address of New Registered Agent Name Carpenter, Brad Street Address (P.O. Box Number is Not Acceptable) 2205 Forsyth Rd Unit M City Orlando FL Zip Code 32807	
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: <u>Brad Carpenter</u> DATE: <u>1-19-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARPENTER, BRAD 28 W 210 WARRENVILLE RD WARRENVILLE, IL 60555 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Carpenter, Brad 2605 White Oak Circle Aurora, IL 60504 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Brad Carpenter</u>		DATE: <u>1-19-05</u> DAYTIME PHONE: <u>630-236-6000</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

10004400



01192005 Chg-P CR2E034 (10/03)