

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90056 044 \*\*\*150.00

**DOCUMENT # F99000006317**

1. Entity Name  
**ROYAL BUYING GROUP, INC.**



Principal Place of Business  
**12 SALT CREEK LANE  
SUITE 450  
HINSDALE, IL 60521 US**

Mailing Address  
**12 SALT CREEK LANE  
SUITE 450  
HINSDALE, IL 60521 US**

**40053181**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03292007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

**36-4028848**

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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

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, 2007 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 PD ☐ Delete  
NAME ZIELINSKI, MICHAEL E  
STREET ADDRESS 18453 RIDGEWOOD AVE.  
CITY-ST-ZIP LANSING, IL 60438

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **15629 S. JAMES LANE**  
CITY-ST-ZIP **HOMER GLEN, IL 60491**

TITLE TD ☐ Delete  
NAME GMEINER, MARTY  
STREET ADDRESS 435 N. MADISON ST  
CITY-ST-ZIP HINSDALE, IL 60521

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

TITLE SD ☐ Delete  
NAME HILL, MARK  
STREET ADDRESS 4912 WALLBANK AVE  
CITY-ST-ZIP DOWNERS GROVE, IL 60515

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

TITLE VD ☐ Delete  
NAME RAZOWSKY, ROBERT  
STREET ADDRESS 344 WOODLAND RD  
CITY-ST-ZIP HIGHLAND PARK, IL 60035

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

TITLE VD ☐ Delete  
NAME JUCKNISS, ROBERT  
STREET ADDRESS 4209 WYTHE LANE  
CITY-ST-ZIP INDIANAPOLIS, IN 46250

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

TITLE VD ☐ Delete  
NAME BUTTSLOFF, WILLIAM  
STREET ADDRESS 1923 MISSION HILL LANE  
CITY-ST-ZIP NORTHBROOK, IL 60062

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 exemptions contained in Chapter 119, 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 another like empowered.

SIGNATURE:

*Michael E. Zielinski*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-2-07**

Date

**6309865416**

Daytime Phone #

**MICHAEL E. ZIELINSKI, PRESIDENT**