

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90014 006 \*\*\*150.00

40024621



01262006 Chg-P CR2E034 (11/05)

4. FEI Number **59-2238623** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

## 7. Name and Address of New Registered Agent

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00** May Be  
Trust Fund Contribution. Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	LIGGETT, JAMES D	
STREET ADDRESS	1371 LAKEWOOD DR	
CITY-ST-ZIP	LAKE FOREST, IL 60045	
TITLE	V	<input type="checkbox"/> Delete
NAME	DEL CIELLO, ROBERT	
STREET ADDRESS	1536 TULANE DR	
CITY-ST-ZIP	NAPERVILLE, IL 60565	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TINBERG, RICHARD W	
STREET ADDRESS	159 SHERIDAN RD	
CITY-ST-ZIP	WINNETKA, IL 60093	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACARTHUR, JOHN R.C.G.	
STREET ADDRESS	151 CENTRAL PARK WEST	
CITY-ST-ZIP	NEW YORK, NY 10023	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACARTHUR, SOLANGE D	
STREET ADDRESS	15 ERICSSON RD	
CITY-ST-ZIP	CABIN JOHN, MD 20818	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIGGETT, JAMES D.	
STREET ADDRESS	9333 N. Milwaukee Ave.	
CITY-ST-ZIP	Niles, IL 60714	
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL CIELLO, ROBERT	
STREET ADDRESS	9333 N. Milwaukee Ave.	
CITY-ST-ZIP	Niles, IL 60714	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TINBERG, RICHARD W.	
STREET ADDRESS	9333 N. Milwaukee Ave.	
CITY-ST-ZIP	Niles, IL 60714	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACARTHUR, JOHN R.C.G.	
STREET ADDRESS	9333 N. Milwaukee Ave.	
CITY-ST-ZIP	Niles, IL 60714	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACARTHUR, SOLANGE D.	
STREET ADDRESS	9333 N. Milwaukee Ave.	
CITY-ST-ZIP	Niles, IL 60714	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James D. Liggett

Date

2-1-06

Daytime Phone #

847-966-2700