## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 06, 2006 8:00 am Secretary of State

DOCUMENT # J71557  1. Entity Name LAKE UTILITY SERVICES, INC.							04-06-2006 90020 047 ***150.00				
Principal Place of Business Mailing Address											
2335 SANDERS ROAD NORTHBROOK, IL 60062-6108			2335 SANDERS ROAD NORTHBROOK, IL 60062-6108					•			
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03212006	Chg-P	CR2E	34 (11/05)	
City & State		City & State			4. FEI Number 36-3705514		<u> </u>	oplied For ot Applicable			
Zip		Country Zip Country		try		5. Certificate	of Status Desi	ired 🗌	\$8.75 Add Fee Require		
	6. Name	and Address of Current	Registered Agent				7. Name and	Address of N	lew Registered	Agent	
CT CODD	ODATION	CVCTEM			Name						
CT CORPORATION SYSTEM  1200 S. PINE ISLAND ROAD  PLANTATION, FL 33324					Street Address (P.O. Box Number is Not Acceptable)						
	·										
					City				FL	Zip Cod	е
8. The above the obligati	named entit	y submits this statement fo tered agent.	r the purpose of changing its	registere	ed office or	register	ed agent, or bo	th, in the State		familiar with,	and accept
SIGNATURE_		*									
	Signature, typed	or printed name of registered agent	and title if applicable. (NOT	E: Registered	d Agent signati	ure required	when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE		
FILI	E NOW!!!	FEE IS \$150.00 6 Fee will be \$550.0	9. Election Campa	ign Finan			when reinstating)  OO May Be ed to Fees		DATE		
FILI	E NOW!!!	FEE IS \$150.00	9. Election Campa Trust Fund Conf	ign Finan	cing _		00 May Be ed to Fees	CHANGES TO	DATE	D DIRECTOR	S IN 11
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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.

Sig	N	ΑT	U	R	Е
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SIGNAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/06

Date

847-498-6440 Daytime Phone #