

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M03000001021

**FILED**  
**Feb 09, 2009**  
**Secretary of State**

**Entity Name:** CROWE CHIZEK AND COMPANY LLC

**Current Principal Place of Business:**

320 EAST JEFFERSON BLVD.  
SOUTH BEND, IN 46601

**New Principal Place of Business:**

**Current Mailing Address:**

ONE MID AMERICA PLAZA, SUITE 700  
ATTN: CATHY YOUNGERS  
OAK BROOK, IL 60522

**New Mailing Address:**

**FEI Number:** 35-0921680      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

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

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ALLEN, CHARLES  
Address: ONE MID AMERICA PLAZA, SUITE 700  
City-St-Zip: OAK BROOK, IL 60522

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ALLEN, CHARLES M  
Address: ONE MID AMERICA PLAZA, SUITE 700  
City-St-Zip: OAK BROOK, IL 60522

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: FRED J. BAUTERS

MR.

02/09/2009

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Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date