

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90847 046 \*\*\*150.00

**DOCUMENT # M96582**

1. Entity Name  
**AIS WEST PALM BEACH, INC.**



Principal Place of Business  
**125 SOUTH FRANKLIN STREET  
CHICAGO, IL 60606**

Mailing Address  
**125 SOUTH FRANKLIN STREET  
CHICAGO, IL 60606**

**40093529**



2. Principal Place of Business - No P.O. Box #  
**6969 W. 20TH AVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**6969 W. 20TH AVE**  
Suite, Apt. #, etc.

04242007 Chg-P CR2E034 (12/06)

City & State  
**HALEAH, FL**

City & State  
**HALEAH, FL**

4. FEI Number  
**65-0118863**  
Applied For  
Not Applicable

Zip  
**33014**  
Country  
**USA**

Zip  
**33014**  
Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

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

**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 \_\_\_\_\_ (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	D	<input checked="" type="checkbox"/> Delete	TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOTSPEICH, JAY W		NAME	BRENDAN J. DEELY	
STREET ADDRESS	6969 W 20TH AVE.		STREET ADDRESS	550 W. ADAMS	
CITY-ST-ZIP	HALEAH, FL 33014		CITY-ST-ZIP	CHICAGO, IL 60661	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERNANDEZ, JOHN J		NAME	JOHN W. CAIN	
STREET ADDRESS	6969 W 20TH AVE.		STREET ADDRESS	550 W. ADAMS	
CITY-ST-ZIP	HALEAH, FL 33014		CITY-ST-ZIP	CHICAGO, IL 60661	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETRICONE, JULIE		NAME	JOHN J. HERNANDEZ	
STREET ADDRESS	6969 W 20TH AVE.		STREET ADDRESS	550 W. ADAMS 6969 W 20TH AVE	
CITY-ST-ZIP	HALEAH, FL 33014		CITY-ST-ZIP	CHICAGO, IL 60661 HALEAH, FL 33014	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VIT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAGNE, REGINA		NAME	KAREN L. LEETS	
STREET ADDRESS	6969 W 20TH AVE.		STREET ADDRESS	550 W. ADAMS	
CITY-ST-ZIP	HALEAH, FL 33014		CITY-ST-ZIP	CHICAGO, IL 60661	
TITLE		<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	RICHARD H. FLEMING	
STREET ADDRESS			STREET ADDRESS	550 W. ADAMS	
CITY-ST-ZIP			CITY-ST-ZIP	CHICAGO, IL 60661	
TITLE		<input type="checkbox"/> Delete	TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	JOSEPH W. HOLMES	
STREET ADDRESS			STREET ADDRESS	550 W ADAMS	
CITY-ST-ZIP			CITY-ST-ZIP	CHICAGO, IL 60661	

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: John Hernandez Date: 4-27-07 Daytime Phone #: 305-821-8000

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

<b>DOCUMENT # M96582</b> 1. Entity Name AIS WEST PALM BEACH, INC.					
Principal Place of Business 125 SOUTH FRANKLIN STREET CHICAGO, IL 60606			Mailing Address 125 SOUTH FRANKLIN STREET CHICAGO, IL 60606		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>65-0118863</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04242007      Chg-P      CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOTSPEICH, JAY W 6969 W 20TH AVE. HIALEAH, FL 33014	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARK A. HICKMAN 550 W. ADAMS CHICAGO, IL 60661	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, JOHN J 6969 W 20TH AVE. HIALEAH, FL 33014	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KEVIN CORRIGAN 550 W ADAMS CHICAGO, FL 60661	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PETRICONE, JULIE 6969 W 20TH AVE. HIALEAH, FL 33014	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUZANNE K. TORREY 550 W. ADAMS CHICAGO, IL 60661	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GAGNE, REGINA 6969 W 20TH AVE. HIALEAH, FL 33014	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	
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 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					