

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000003207

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** DEFENDERS MOTORCYCLE CLUB - 1ST CHICAGO CHAPTER, INC.

**Current Principal Place of Business:**

1463 MERCURY DR, UNIT #324  
SCHAUMBURG, IL 60193

**New Principal Place of Business:**

**Current Mailing Address:**

1463 MERCURY DR, UNIT #324  
SCHAUMBURG, IL 60193

**New Mailing Address:**

**FEI Number:** 27-1635277

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BROWN, ROY W  
12320 DAVIS CT  
FT MYERS, FL 33905 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BAUMAN, BEN  
Address: P O BOX 389181  
City-St-Zip: CHICAGO, IL 60638

Title: VPD  
Name: CARABETSOS, JOHN  
Address: P O BOX 389181  
City-St-Zip: CHICAGO, IL 60638

Title: SD  
Name: TOMS, KEITH  
Address: P O BOX 389181  
City-St-Zip: CHICAGO, IL 60638

Title: TD  
Name: WOLFF, STEVE  
Address: P O BOX 389181  
City-St-Zip: CHICAGO, IL 60638

Title: DC  
Name: TENERELLI, PHIL  
Address: P O BOX 389181  
City-St-Zip: CHICAGO, IL 60638

Title: D  
Name: JANCHENKO, JAMES  
Address: P O BOX 389181  
City-St-Zip: CHICAGO, IL 60638

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN CARABETSOS

VP

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date