

**2007 FOR PROFIT CORPORATION.  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000072686

1. Entity Name  
PIVOTAL DESIGNS INC.



Principal Place of Business  
9471 REND CITY RD.  
BENTON, IL 62812

Mailing Address  
9471 REND CITY RD.  
BENTON, IL 62812



02122007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
86-1105200

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

GABLE, WILLIAM D  
7777 SEMINOLE BLVD.  
2ND FLOOR  
SEMINOLE, FL 33772

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PRES
NAME	ZSIDO, JOSEPH W
STREET ADDRESS	9471 REND CITY RD.
CITY-ST-ZIP	BENTON, IL 62812
TITLE	VP
NAME	PROCACCINI, MICHAEL
STREET ADDRESS	7777 SEMINOLE BLVD. 2ND FLOOR
CITY-ST-ZIP	SEMINOLE, IL 33772
TITLE	SEC
NAME	ZSIDO, ELIZABETH S
STREET ADDRESS	9471 REND CITY RD.
CITY-ST-ZIP	BENTON, IL 62812
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000647066  
03/06/07-80058-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

Joseph Zsido

2/15/07

Date

X618-435-2605

Daytime Phone #