

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 28, 2007 08:00 A
Secretary of State

DOCUMENT # P04000130189

1. Entity Name
SEG SANDLAKE CONSULTANTS, INC.



Principal Place of Business
1030 N CLARK ST, SUITE 300
CHICAGO, IL 60610 US

Mailing Address
1030 N CLARK ST, SUITE 300
CHICAGO, IL 60610 US



02092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1718443	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	P GOULETAS, STEVEN E 1030 N CLARK ST, SUITE 300 CHICAGO, IL 60610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FISH, MICHAEL A 1030 N CLARK ST, SUITE 300 CHICAGO, IL 60610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CADDEN, JOHN B 1030 N CLARK ST, SUITE 300 CHICAGO, IL 60610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIBENEDETTO, ANTHONY R 1030 N CLARK ST, SUITE 300 CHICAGO, IL 60610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHWARK, JAMES A 1030 N CLARK ST, SUITE 300 CHICAGO, IL 60610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000651503
03/09/07-80010-006 158.75

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary
Anthony R. D. Benedetto 2-18-07 312-595-4714

Date

Daytime Phone #