

2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90060 001 \*\*\*158.75

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



01312008 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



**\$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

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, 2008 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution.



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

10. OFFICERS AND DIRECTORS

TITLE P  
NAME GOULETAS, STEVEN E  
STREET ADDRESS 1030 N CLARK ST, SUITE 300  
CITY-ST-ZIP CHICAGO, IL 60610

TITLE V  
NAME FISH, MICHAEL A  
STREET ADDRESS 1030 N CLARK ST, SUITE 300  
CITY-ST-ZIP CHICAGO, IL 60610

TITLE V  
NAME CADDEN, JOHN B  
STREET ADDRESS 1030 N CLARK ST, SUITE 300  
CITY-ST-ZIP CHICAGO, IL 60610

TITLE S  
NAME DIBENEDETTO, ANTHONY R  
STREET ADDRESS 1030 N CLARK ST, SUITE 300  
CITY-ST-ZIP CHICAGO, IL 60610

TITLE T  
NAME SCHWARK, JAMES A  
STREET ADDRESS 1030 N CLARK ST, SUITE 300  
CITY-ST-ZIP CHICAGO, IL 60610

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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: *Anthony R. Di Benedetto*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

2-14-2008

Date

312-595-4714

Daytime Phone #