


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 24, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P04000134919 1. Entity Name MODUS DISPLAY INTERNATIONAL, INC. |  |
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|---|---|
| Principal Place of Business 1450 EAST AMERICAN LANE SUITE 1400 SCHAUMBURG, IL 60173 US | Mailing Address 1450 EAST AMERICAN LANE SUITE 1400 SCHAUMBURG, IL 60173 US |
|---|---|

DO NOT WRITE IN THIS SPACE



07182006 No Chg-P CR2E034 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 20-1669848 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

BERKMAN, JOHN A
1238 HILLSBORO MILE
B-2, 208
HILLSBORO BEACH, FL 33062

**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 renating) DATE

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|---|---|
| FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BERKMAN, JOHN A 1238 HILLSBORO MILE B-2,208 HILLSBORO BEACH, FL 33062 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TRES NIELSON, BLAKE A 1263 HAMPTON PLACE PALATINE, IL 60067 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECR THOMAS, NEIL 210 CENTER STREET ROCKTON, IL 61072 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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07/25/06-80004-024 550.00

**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:  **Blake Nielsen** 7-18-06 847-687-7673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #