

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90010 042 ***150.00

60014683



01272006 Chg-P CR2E034 (11/05)

4. FEI Number **52-2446736** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TODD, DAVID E.
1801 HERMITAGE BLVD., STE. 600
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name **C T Corporation System**
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
City **Plantation** FL Zip Code **33324**

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

James M. Halpin
Assistant Secretary

2/7/06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BENNETT, DOUGLAS W.	
STREET ADDRESS	1801 HERMITAGE BLVD, SUITE 100	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, JEFFREY L.	
STREET ADDRESS	1801 HERMITAGE BLVD, SUITE 100	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAY, LYNNE M.	
STREET ADDRESS	1801 HERMITAGE BLVD, SUITE 100	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	P	<input type="checkbox"/> Delete
NAME	TOGNARELLI, MAURY R	
STREET ADDRESS	191 NORTH WACKER DRIVE, SUITE 2500	
CITY-ST-ZIP	CHICAGO, IL 60606	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MCCARTHY, THOMAS D	
STREET ADDRESS	191 NORTH WACKER DRIVE, SUITE 2500	
CITY-ST-ZIP	CHICAGO, IL 60606	
TITLE	TV	<input type="checkbox"/> Delete
NAME	SMITH, ROGER E	
STREET ADDRESS	191 NORTH WACKER DRIVE, SUITE 2500	
CITY-ST-ZIP	CHICAGO, IL 60606	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-06

Date

312-541-6769

Daytime Phone #