

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90016 047 \*\*\*150.00

<b>DOCUMENT # P06537</b> 1. Entity Name <b>INTERNATIONAL COMPONENTS CORPORATION</b>					
Principal Place of Business <b>4 WESTBROOK CORP. CENTER, STE 900 WESTCHESTER, IL 60154</b>			Mailing Address <b>4 WESTBROOK CORP. CENTER, STE 900 WESTCHESTER, IL 60154</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>36-2642978</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04272007      Chg-P      CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>LEXISNEXIS DOCUMENT SOLUTIONS INC 1201 HAYS STREET TALLAHASSEE, FL 32301</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>GAZA, JAMES CEO</b> <b>4 WESTBROOK CORP CENTER, STE 900</b> <b>WESTCHESTER, IL 60154</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GAZA, JAMES</b> <b>4 WESTBROOK CORP. CENTER, STE 900</b> <b>WESTCHESTER, IL 60154</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MCCLURE, STEPHEN M</b> <b>4 WESTBROOK CORP CENTER STE 900</b> <b>WESTCHESTER, IL 60154</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CP</b> <b>MCCLURE, STEPHEN M.</b> <b>4 WESTBROOK CORP. CENTER, STE 900</b> <b>WESTCHESTER, IL 60154</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>ITALIANO, JOSEPH M.</b> <b>4 WESTBROOK CORP CENTER, STE 900</b> <b>WESTCHESTER, IL 60154</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ITALIANO, JOSEPH J.</b> <b>4 WESTBROOK CORP. CENTER, STE 900</b> <b>WESTCHESTER, IL 60154</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>OAKES, STUART B</b> <b>4 WESTBROOK CORP CENTER, STE 900</b> <b>WESTCHESTER, IL 60154</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>WENTINK, ROBERT</b> <b>4 WESTBROOK CORP CENTER, STE 900</b> <b>WESTCHESTER, IL 60154</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LOGAN, ROBERT</b> <b>4 WESTBROOK CORP CENTER, STE 900</b> <b>WESTCHESTER, IL 60154</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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, or otherwise empowered.					
SIGNATURE:			4/27/07      708-316-4407		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date      Daytime Phone #		