## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000085385

Entity Name: CHODY, INCORPORATED

100 LA PENINISULA BLVD.

NAPLES, FL 34113 US

Address:

City-St-Zip:

FILED Jan 22, 2009 Secretary of State

| Current Principal Place of Business:  |                                  | New Principal Place                | New Principal Place of Business:             |  |
|---|----------------------------------|------------------------------------|--|--|
| 100 LA PENINSULA BL\<br>101<br>NAPLES, FL 34113   | /D.                              |                                    |  |  |
| Current Mailing Address:  |                                  | New Mailing Address                | New Mailing Address:                         |  |
| 1140 FARWELL AVE.<br>1W<br>CHICAGO, IL 60626  |                                  |                                    |  |  |
| FEI Number: 26-0611536  | FEI Number Applied For ( )       | FEI Number Not Applicable ( )      | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: |                                  |                                    |  |  |
| CHODY, SUSAN L<br>100 LA PENINSULA BL\<br>101<br>NAPLES, FL 34113 US                    |                                  |                                    |  |  |
| The above named entity in the State of Florida.   | submits this statement for the p | ourpose of changing its registered | d office or registered agent, or both,       |  |
| SIGNATURE:  |                                  |                                    |  |  |
| Electronic Signature of Registered Agent  |                                  | ent                                | Date   |  |
| Election Campaign Financin  | g Trust Fund Contribution ( ).   |                                    |  |  |
| OFFICERS AND DIRECTORS:   |                                  | ADDITIONS/CHANGE                   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title: P (  | ) Delete                         | Title:                             | ( ) Change ( ) Addition                      |  |

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN L CHODY P 01/22/2009