

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08608

FILED
Apr 02, 2010
Secretary of State

Entity Name: CAPITAL AGRICULTURAL PROPERTY SERVICES, INC.

Current Principal Place of Business:

801 WARRENVILLE ROAD
SUITE 150
LISLE, IL 60532

New Principal Place of Business:

Current Mailing Address:

213 WASHINGTON STREET
8TH FLOOR, TAX DEPT.
NEWARK, NJ 07102

New Mailing Address:

FEI Number: 22-2661428 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDC
Name: ALLISON, CARLES E
Address: 201 SOUTH ORANGE AVE
City-St-Zip: ORLANDO, FL 32801

Title: S
Name: MORGAN, PHILIP D
Address: 2 RAVINIA DR.
City-St-Zip: ATLANTA, GA 30346

Title: T
Name: JACOB, BERNARD J
Address: 751 BROAD ST.
City-St-Zip: NEWARK, NJ 07102

Title: AC
Name: CAMPEN, DAVID
Address: 213 WASHINGTON STREET
City-St-Zip: NEWARK, NJ 07102

Title: D
Name: NITZ, JOHN G
Address: 801 WARRENVILLE ROAD, STE. 150
City-St-Zip: LISLE, IL 60532

Title: AC
Name: PAVLOU, JANICE
Address: 213 WASHINGTON STREET
City-St-Zip: NEWARK, NJ 07102

I hereby 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 all other like empowered.

SIGNATURE: DAVID CAMPEN

AC

04/02/2010

Electronic Signature of Signing Officer or Director

_____ Date