


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 06, 2005 08:00 AM
Secretary of State**

DOCUMENT # P13145 1. Entity Name THE FASTRON COMPANY	
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Principal Place of Business 11800 FRANKLIN AVE. FRANKLIN PARK, IL 60131	Mailing Address 11800 FRANKLIN AVE. FRANKLIN PARK, IL 60131
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DO NOT WRITE IN THIS SPACE



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number 36-2125594	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**LANGDON, HOWARD S
5869 ENTERPRISE PARKWAY
FORT MYERS, FL 33905**

**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 file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000290460 04/06/05-80066-016 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LANGDON, HOWARD S. 11800 FRANKLIN AVE. FRANKLIN PARK, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JACOBSON, JUANITA J. 11800 FRANKLIN AVE. FRANKLIN PARK, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANGDON, MARY K. 11800 FRANKLIN AVE. FRANKLIN PARK, IL
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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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Juanita J. Jacobson, Corporate Secretary* **1/18/05** **630-766-5000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #