2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2004 8:00 am Secretary of State

DOCUMENT # P13574 1. Entity Name PONDER & CO.					04-20-2004 90057 001 ***450.00				
Principal Place of Business 217 WEST MONROE HERRIN, IL 62948		Mailing Address 217 WEST MONROE HERRIN, IL 62948			66413327				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04022004	Chg-P	CR2E03	4 (10/03)	
City & State		City & State			4. FEI Number 37-1146			_ 	plied For t Applicable
Zip	Country	Zip	Country	-	5. Certificate o	f Status Desired		8.75 Add	
	6. Name and Address of Current F	Registered Agent	N.S.		7. Name and A	Address of New	Registered A	gent	
OSTLUND, GRANT 131 BAKERS ACRE DRIVE HAWTHORNE, FL 32640			Name Street A	Street Address (P.O. Box Number is Not Acceptable)					
			City				FL	Zip Code	9
SIGNATURE_	Signature, typed or printed name of registered agent a E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campai	E: Registered Agent signation of the Registered Agent signation of the Register of the Registe	\$5.	when (einstating) .00 May Be		- DATE		
10.	OFFICERS AND I	DIRECTORS	11,		ADDITIONS/C	HANGES TO O	FFICERS AND (DIRECTOR	3 IN 11
TITLE NAME ' STREET ADDRESS CITY-ST-ZIP	P ATCHUM, DAVID 245 WUNTROP ELMHURST, IL 60126	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIORINA, JERALD P. 8 DOGWOOD LANE HERRIN, IL 62948	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	an	ir Pethe o East (theshort	E +0A,	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS TIMMERMANN, JOHN 3 RED BUD LANE HERRIN, IL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	⊠rAddition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAYNE, CHRISTOHER T. 634 HUMPHREY DRIVE EVERGREEN, CO,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY_ST-ZIP	VPD TERRENCE, SHIREY 420 POWER MILL RD NASHVILLE, TN 37205	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby o	VPD HEAD, JULIAN 6561 EUDAILEY COVINGTON RI COLLEGE GROVE, TN 37046 certify that the information supplied with		TITLE NAME STREET ADDRESS CIFY-ST-ZIP The exemption sta	ted in Se	ection 119.07(3)(i)	, Florida Statute	· 	Change	Addition

12. Thereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or subclemental 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 ecologic 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 attacking the address, with all other like empowered.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

roldr

(618-447-1331

Daytime Phone #