2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P14415

1. Entity Name
COMMUNICATIONS SUPPLY CORPORATION

Principal Place of Business	Mailing Address
COMMUNICATIONS SUPPLY CORPORATION 200 E LIE RD CAROL STREAM, IL 60188 US	COMMUNICATIONS SUPPLY CORPORATION 200 E LIE RD CAROL STREAM, IL 60188 US

01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-0961848
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RIORDAN, STEVE
STREET ADDRESS	5 KNOLLWOOD DR
CITY-ST-ZIP	FLOSSMOOR, IL
TITLE	S
NAME	FOUST, DIANA
STREET ADDRESS	1256 PHEASANT RIDGE
CITY-ST-ZIP	LAKE ZURICH, IL 60047
TITLE	VCFO
NAME	SZAFRAN, ANDREW
STREET ADDRESS	1034 PAWNEE RD
CITY-ST-ZIP	WILMETTE, IL 60091
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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01/13/05-80011-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Diana M. Foust Diana M. Foust 1-4-05 630-221-6424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #