

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-20-2004 90057 001 ***450.00

66413328



04022004 Chg-P CR2E034 (10/03)

4. FEI Number **37-1213429** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

OSTLAND, GRANT
131 BAKERS ACRES DRIVE
HAWTHORNE, FL 32640

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|--|
| TITLE | AV | <input type="checkbox"/> Delete |
| NAME | TIMMERMAN, JOHN | |
| STREET ADDRESS | 217 W MONROE ST | |
| CITY-ST-ZIP | HERRIN, IL | |
| TITLE | EVP | <input checked="" type="checkbox"/> Delete |
| NAME | FIORINA, JERALD P. | |
| STREET ADDRESS | 8 DOGWOOD LANE | |
| CITY-ST-ZIP | HERRIN, IL 62948 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | PAYNE, CHRISTOPHER J. | |
| STREET ADDRESS | 634 HUMPHREY DR. | |
| CITY-ST-ZIP | EVERGREEN, CO | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | HEAD, JULIAN | |
| STREET ADDRESS | 6561 EUDALEY COVINGTON RD | |
| CITY-ST-ZIP | COLLEGE GROVE, TN 37046 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | ATCHISON, DAVID L | |
| STREET ADDRESS | 245 WINTROP | |
| CITY-ST-ZIP | ELMHURST, IL 60126 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SHIREY, TERRENCE | |
| STREET ADDRESS | 430 POWDER MILL RD. | |
| CITY-ST-ZIP | NASHVILLE, TN 37205 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Peter Petic | |
| STREET ADDRESS | 210 East Chestnut, 3D Apt 3702 | |
| CITY-ST-ZIP | Chicago IL 60611 | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: John Timmerman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/04 664-98-7321
Date Daytime Phone #