

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90002 022 ***150.00

DOCUMENT # P17254

1. Entity Name

COILFORM COMPANY



Principal Place of Business

2571 KANEVILLE COURT
GENEVA IL 60134

Mailing Address

2571 KANEVILLE COURT
GENEVA IL 60134

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number **36-2479638**

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 ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MCFARLANE, R.H.
STREET ADDRESS 2571 KANEVILLE CT
CITY-ST-ZIP GENEVA IL

TITLE SVD ☐ Delete
NAME MCFARLANE, G.G.
STREET ADDRESS 6N599 DENKER ROAD
CITY-ST-ZIP ST CHARLES IL 60175

TITLE SV ☐ Delete
NAME MCFARLANE, MATTHEW S
STREET ADDRESS 39 W 551 WALT WHITMAN RD
CITY-ST-ZIP SAINT CHARLES IL 60175

TITLE D ☐ Delete
NAME BLOOD, C. KENNETH
STREET ADDRESS 200 WEST RIVER DRIVE
CITY-ST-ZIP SAINT CHARLES IL 60174

TITLE V ☐ Delete
NAME KENSETH, RONALD D
STREET ADDRESS 36W074 FIELDCREST
CITY-ST-ZIP SAINT CHARLES IL 60174

TITLE TV ☐ Delete
NAME BRIZUELA, RAUL N
STREET ADDRESS 39 W 716 HENRY DAVID THOREAU PL
CITY-ST-ZIP SAINT CHARLES IL 60175

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS 1190 Singer Dr.
CITY-ST-ZIP Riviera Beach FL 33404

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS Point of Americas I, 2100 S. Ocean Ln. #1705
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

R. D. Kenseth VP of OPERATIONS

2/8/06

630/232/8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #