

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 17, 2007 08:00 AM
Secretary of State**

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**



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000588959
01/17/07-80094-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCFARLANE, R.H.
STREET ADDRESS	1190 SINGER DR
CITY-ST-ZIP	RIVIERA BCH, FL 33404
TITLE	SVD
NAME	MCFARLANE, G.G.
STREET ADDRESS	PT OF AMERICAS I, 2100 S OCEAN LN, # 1705
CITY-ST-ZIP	SAINT CHARLES, IL 60175
TITLE	SV
NAME	MCFARLANE, MATTHEW S
STREET ADDRESS	39 W 551 WALT WHITMAN RD
CITY-ST-ZIP	SAINT CHARLES, IL 60175
TITLE	D
NAME	BLOOD, C. KENNETH
STREET ADDRESS	200 WEST RIVER DRIVE
CITY-ST-ZIP	SAINT CHARLES, IL 60174
TITLE	V
NAME	KENSETH, RONALD D
STREET ADDRESS	36W074 FIELDCREST
CITY-ST-ZIP	SAINT CHARLES, IL 60174
TITLE	TV
NAME	BRIZUELA, RAUL N
STREET ADDRESS	39 W 716 HENRY DAVID THOREAU PL
CITY-ST-ZIP	SAINT CHARLES, IL 60175

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9-07 630-232-8001