

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 28, 2008 08:00 AM
V 139 Secretary of State

DOCUMENT # P21151 1. Entity Name LINDGREN R.F. ENCLOSURES, INC.	
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Principal Place of Business 400 HIGH GROVE BLVD GLENDALE HEIGHTS IL 60139	Mailing Address 400 HIGH GROVE BLVD GLENDALE HEIGHTS IL 60139
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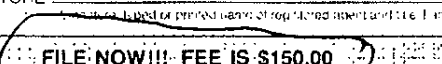
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number 36-3050396	Applied For ☐ Not Applicable
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1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 	NOTE: Registered Agent Signature required when re-registering. DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$350.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CURRAN, WILLIAM E. 400 HIGH GROVE BLVD GLENDALE HEIGHTS IL 60139 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000929713 05/21/08-80081-009 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUTLER, BRUCE 1301 ARROW POINT DRIVE CEDAR PARK TX ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS BARCLAY, ALYSON 8888 LADUE ROAD SAINT LOUIS MO 63124-2056 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KLEMMER, CHARLES 400 HIGH GROVE BLVD. GLENDALE HEIGHTS IL 60139 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: 	Charles Klemmer	4-23-08 630-307-7300
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